



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Tullow
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Shillelagh Road, Tullow, Carlow
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0005417
Fieldwork ID:	MON-0037320

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Sonas Nursing Home Tullow is a purpose-built, single-storey residential service for older persons. The centre is situated a short driving distance from Tullow town in a village community setting. The centre provides accommodation for a maximum of 60 male and female residents aged over 18 years of age. Residents are accommodated in single bedrooms throughout, each with en-suite shower, toilet and wash basin facilities. The centre provides long-term, respite and convalescence care for residents with chronic illness, residents with an intellectual disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 January 2023	09:00hrs to 16:45hrs	Sinead Lynch	Lead
Wednesday 18 January 2023	09:00hrs to 16:45hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Sonas Nursing Home Tullow and their rights were respected in how they spent their days. Residents who spoke with inspectors expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

Throughout the day of the inspection, inspectors observed that staff were correctly applying infection prevention and control principles such as COVID-19 precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed. The receptionist was responsible for visitor sign in book, implementing COVID-19 precautions including temperature check, mask wearing, etc.

Following a short opening meeting with the person in charge, inspectors were accompanied on a tour of the premises. Sonas Nursing Home Tullow was located on the ground floor. All bedrooms were single occupancy with en-suite facilities in each room. The centre was seen to be bright, clean and homely throughout, with the entrance hall and communal areas beautifully decorated with colourful murals. Picture collages of residents were displayed on the walls showing residents engaged in various events in the centre. Several gardens were available which were easily accessible by the residents. There were safe, wide paths for residents to safely mobilise along and view the planting. A smoking hut was situated in one of the gardens. A fire blanket and fire extinguisher were present. There was a call bell available for resident's safety.

The inspectors observed that there were arrangements in place to safeguard residents from abuse. Staff spoken with were all familiar with and knew where to locate the safeguarding policy. They were clear about their role in protecting residents from abuse. They all expressed that the safety of the resident was their priority and that they would report all incidents to their supervisors or managers. Residents said they liked living in the designated centre and that they felt safe and secure.

Inspectors observed that in Sonas Nursing Home Tullow there was a clear focus on ensuring that residents rights were promoted and respected. Residents had access to telephones, newspapers, TVs and various religious services. There was a programme of activities which residents told inspectors they enjoyed. There was an activity schedule displayed within the designated centre which detailed activities planned for the week of the inspection and the record of participation in activities was reviewed over a one month period. Activity co-ordinators were on site to organise and encourage resident participation in events and were observed to be very enthusiastic and very caring to residents.

Inspectors noted that great consideration was given by staff to support and assist

residents who did not wish to engage within a group setting and were provided with one-to-one activities. Activity staff said that a specific activity was planned every month. The most recent outing to a brewery was a great success. Residents, throughout the day, spoke very fondly of outings, including the river Shannon cruise and zoo outings that had taken place the previous year, and were looking forward to the schedule of events this coming year. Residents had access to independent advocacy services with contact details of same advertised throughout the centre.

Inspectors observed that there were monthly resident meetings to discuss key issues relating to the service with action plans developed to address issues raised.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements and review the application to renew registration of the centre for further three years.

The registered provider is Sonas Nursing Home Management Company Limited. The company has six directors. There is a strong robust governance system in place to support the operational management team in the centre, which consists of a quality manager and a director of quality. The management structure operating the day-to-day running of the centre consisted of a person in charge who was supported by a clinical nurse manager, a team of registered nurses and health care assistants, activities staff, catering, housekeeping, laundry, administration, garden and maintenance staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. A suite of mandatory training was available to all staff in the centre and training was up to date. Staff were knowledgeable regarding safe-guarding procedures; for example

how to identify abuse and what to do if they suspected abuse.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. Records of management and local staff meetings showed evidence of actions required from audits completed. Regular management meeting and staff meeting agenda items included corrective measures from audits.

However, some further improvements were required in relation to the statement of purpose, the safe storage of records, premises and infection prevention and control in the designated centre. This will be discussed further under their respective regulations.

The annual review for 2021 was available and there was evidence that work was in progress in respect of review for 2022. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident and relative satisfaction surveys which were carried out.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time-frame. The inspectors followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

There was a complaints procedure displayed in the main reception of the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of complaints received in 2022 were viewed. The complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form. On review, some discrepancies between the floor plans and the statement of purpose were identified and the provider was requested to re-submit revised copies of both, together with a floor plan declaration form.

Judgment: Substantially compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 21: Records

Resident medical records were seen to be insecurely stored. Nursing notes with personal information for three residents was kept in an unsafe manner, they were seen to be left unattended on the desks in nursing stations. The entrance door to the nurses station was also left open.

Judgment: Substantially compliant

Regulation 23: Governance and management

There is a clearly defined management structure in place that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision.

Effective management systems were in place to ensure the service was appropriately monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services
There were contracts for the provision of services available for inspectors to view. These were in line with the regulations.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had prepared a statement of purpose relating to the designated centre which was revised and at intervals of not less than one year.
Judgment: Compliant
Regulation 31: Notification of incidents
Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had an accessible and effective complaints procedure which includes an appeals procedure.
Judgment: Compliant
Regulation 4: Written policies and procedures
The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.
Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Feedback from residents was that the staff were very kind and attentive. Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. Residents said that staff were approachable and believed that they would resolve any issues or concerns brought to their attention.

Inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Care plans reviewed included those pertaining to food and nutrition, mobility and falls prevention, responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), safeguarding and social activity care planning. Overall, individual assessments and care plans were person-centred, they reflected the assessed needs of residents and allowed staff to provide appropriate care for residents. On the sample of care plans reviewed, there was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals.

It was observed by inspectors that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, palliative care team, physiotherapy to name a few. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, by phone and visits in person as required. Out of hours medical cover was also provided. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

Inspectors observed that, following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre. This included the installation of addition of hand sanitizer dispensers in communal areas which were on a cleaning schedule to prevent build-up, secure locking of the outdoor clinical waste bins and cleaning schedule for curtains and sharp trays.

A continuous improvement plan was in place for the designated centre, including installation of clinical hand hygiene sinks to be completed by end of March 2023. At the time of inspection, the registered provider was in the process of replacing resident seating in communal rooms and resident beds. Inspectors observed refurbishment in progress in resident bedrooms with painting in progress and replacement of carpets. While inspectors noted some chipping of paint on walls and skirting in the communal areas, the physical environment was generally well-maintained. Corridors were free of clutter and clean. Cleaning staff who spoke with inspectors were knowledgeable on effective cleaning practices. However, a number of areas under infection control required further as discussed under regulation 27

below.

Regulation 17: Premises

The registered provider did not ensure that the premises of the designated centre are appropriate to the number and needs of the residents in accordance with the statement of purpose. For example;

- The inspectors observed several discrepancies between the description of facilities in the statement of purpose, the floor plans and the designated function of certain areas in the designated centre. For example; a dining room intended for residents' communal use was being used as a storage room, one of the assisted bathrooms was being used as storage on the day of the inspection.

The registered provider had not provided premises which conform to the matters set out in Schedule 6 of the regulations. For example;

- There was not suitable storage available in the designated centre. This impacted on communal space available to the residents, as unused beds were being stored in a residents' dining room.
- There were a reduced number of assisted toilets and shower facilities available for residents' use as one assisted bathroom was dedicated for storage.
- Emergency call facilities were not accessible to each resident in 'Kate's lounge'. There was one call-bell which was not easily accessible to all residents.

Judgment: Substantially compliant

Regulation 27: Infection control

While many good infection prevention and control practices and procedures were in place as detailed previously in this report, inspectors observed that improvement was required in the following areas:

- Sharps bins did not have contact traceability information as per best evidence practice to support safe disposal and tracing. This was a finding during last inspection.
- Inappropriate storage seen within store rooms. For example cleaning equipment such as a floor buffer machine and pads was observed stored in the hoist store room. A hoist sling was found on the floor and several other hoist slings were seen lying on each other on hooks on the back of the door. These were identified as spares and not in use. This practice may pose a risk

of cross infection. There were boxes stored on the ground which prevented effective cleaning of the floors in the store rooms.

- There were also examples of inappropriate storage in the sluice rooms where flower vases, bin liners, washbasins and commode basins were observed on the top of the bedpan washer.
- Inspectors observed that not all equipment was cleaned in line with local policy, such as nebulising machines. This may result in residents being exposed to harmful infections.
- Inspectors noted that some materials used did not meet standards. Timber wood panel found over hopper sink in sluice room. Material prevents effective cleaning and therefore poses a potential infection risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were assessed in line with regulatory requirements and best evidence practice and appropriate interventions and treatment plans were implemented and reviewed accordingly.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in the centre. Residents had regular access to both GP services, allied healthcare services and other specialist services. Residents were supported where appropriate to access national screening services.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. A safeguarding policy detailed the roles and responsibilities and listed the appropriate steps for staff to take should a concern arise. Training records indicated that 100% of staff have completed safeguarding training.

The registered provider did not act as a Pension Agent for any residents in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Tullow OSV-0005417

Inspection ID: MON-0037320

Date of inspection: 18/01/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The SOP has been reviewed and updated – including a review and update of the floor plans – this has been submitted to the inspector.</p> <p>The residents bedroom which is being temporarily used as staff room is in the process of being redecorated and will be returned to a bedroom.</p> <p>The dining room is no longer being used as a temporary storage area.</p> <p>The assisted bathroom is no longer used for storage and a bath has been delivered and will be fitted.</p> <p>An additional emergency bell will be fitted in Kate's lounge.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff have been reminded about the importance of ensuring that residents records are securely stored at all times. The home management team will monitor this on all walkarounds. The requirement to ensure that the nurses stations are kept tidy and confidential has been discussed at all staff handovers and huddles. The confidentiality company policy 102/21 and the GDPR policy 102/29 have been re-issued to all staff.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Renovations and bedroom upgrades were in progress during the inspection. All equipment is now suitably stored and sufficient de-cluttering and re-organisation has taken place.</p> <p>The dining room is no longer being used as a temporary storage area.</p> <p>The assisted bathroom is no longer used for storage and a bath has been delivered and will be fitted.</p> <p>An additional emergency bell will be fitted in Kate's lounge.</p> <p>The SOP has been updated and now accurately reflects all room usage. This has been submitted to the inspector.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Sharps bins are now correctly labelled and all nursing staff have been reminded about the correct procedure when opening and closing a sharps bin. The home management team will monitor this daily.</p> <p>Hoist slings which are no longer required have been disposed of and the store room has been tidied and deep-cleaned.</p> <p>Designated storage is now in place.</p> <p>The sluice room has been cleared of inappropriate storage. This is checked on a daily basis by the home management team during the walkarounds.</p> <p>A cleaning schedule is in place for the cleaning of nebuliser machines. The nurses have been reminded about the importance of keeping all resident equipment clean at all times. This will be monitored daily by the home management team.</p> <p>The wood panel in the sluice room has been removed.</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	28/02/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	28/02/2023
Regulation 17(2)	The registered	Substantially	Yellow	28/02/2023

	provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Compliant		
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	21/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	21/02/2023