



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

Issued by the Chief Inspector

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| Name of designated centre: | Sonas Nursing Home Belmullet |
| Name of provider: | Sonas Nursing Home Belmullet |
| Address of centre: | Tallagh, Belmullet, Mayo |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 December 2020 |
| Centre ID: | OSV-0005589 |
| Fieldwork ID: | MON-0031377 |

About the designated centre

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

Sonas Nursing Home Belmullet is registered to provide care to 48 residents over the age of 18 who require long or short term care. Residents with dementia care, physical disability or palliative care needs are accommodated.

The centre is located in a residential area approximately one kilometre outside the town of Belmullet Co. Mayo. It is largely a single-storey bungalow style building with some facilities for storage and staff accommodation on part of the upper floor. Bedroom accommodation for residents consists of twenty four single and twelve twin bedrooms. The communal space includes two sitting areas, a visitor's room/office, a dining room, oratory and a smoking room. There is a suitable enclosed garden that is readily accessible to residents. Adequate showers, toilets and bathrooms are available.

The overall objective of the centre is to promote, maintain and maximize the independence of each resident in accordance with his or her wishes.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 33 |
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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 |
|----------------------------|-------------------------|------------------|---------|
| Tuesday 8 December 2020 | 11:00hrs to 16:00hrs | Geraldine Jolley | Lead |
| Tuesday 8 December 2020 | 11:00hrs to 16:00hrs | Brid McGoldrick | Support |

What residents told us and what inspectors observed

The inspectors spoke with eight residents and their views about the service and the care provided by staff were positive. They described the staff as caring, kind and helpful. Some residents were spending time in the communal areas and others had chosen to spend time in their bedrooms. Residents said they were pleased that the news about COVID-19 was more positive as fewer people were getting very ill and the proposed new vaccines gave hope that life would be less restrictive for them.

Residents said that they had plenty to do during the day when the activity coordinator was on duty and described how they spent their days. They described discussing the local and national news and newspaper items, doing arts and crafts, singing and memory activity. Residents described the activities that been arranged for Christmas in the context of the COVID-19 restrictions. They knew that a carol service and a concert had been organised to take place outside in an area they could see easily from the sitting rooms. They had recently made Christmas decorations and wrote letters and cards. They were aware of the need for safe social distancing and several said the restrictions were hard to contend with as they had gone on for so many months. On a day to day basis residents said that there was a strong focus on music and movement among the varied activities provided. The inspectors saw that during the afternoon music session that good efforts were made to engage as many people as possible in the activity. The inspectors saw that while social distancing made it more difficult for residents to chat and interact with each other, that staff were available in the communal areas to talk to residents and also saw that the activity coordinator arranged the activity sessions in a way that made it easy for residents to take part. For example a singing session during the afternoon was organised in the main reception area which is a large open space that can accommodate many residents safely.

Despite the on-going restrictions required to manage COVID-19 several residents told inspectors that they had been able to see visitors in the centre. Some residents said that the window visits had been a lifeline for them and expressed relief that visits to the centre had now resumed although in some cases residents appeared unsure about the arrangements for on site visits. They said that while visiting had been restricted staff had worked hard to ensure they kept in touch with family by phone or Whats App. Several residents commented on the new chairs that had been provided in the sitting rooms and dining area. They said they were more comfortable and supportive.

The inspectors saw that staff interactions with the residents was respectful, appropriate and meaningful.

Capacity and capability

The centre was last inspected on 24 June 2020 following a significant outbreak of COVID-19 during March and April. During that inspection the inspectors found that the oversight of the service required significant improvement and issues relating to regulations 23-Governance and management, 27- Infection control and 28-Fire safety required an urgent compliance plan to ensure the provider addressed the non-compliances promptly. The purpose of this inspection was to follow up on the provider's compliance plans following the previous inspection. The findings of this inspection indicate that there has been improvement in all areas identified for attention however, further work on the governance arrangements and fire safety was required to achieve compliance.

Inspectors found that the governance structures had been strengthened through regular visits to the centre by one of the company directors to ensure oversight of the service. These visits were supplemented by weekly management Zoom meetings. However, further development of the monitoring systems and resources to support the new person in charge were required. Staff retention and high staff turnover was an ongoing issue. The inspectors saw that additional staff had been deployed since the last inspection. An additional carer had been allocated to night duty to mitigate fire safety risks and an extra cleaning shift of seven hours had been added during the week to ensure the effective cleaning of equipment. However, the inspectors concluded that staffing levels needed improvement and ongoing review taking into account the following factors:

- The resources allocated to nursing and social care were not adequate to ensure that there were appropriate numbers of staff available in the event of a further COVID-19 outbreak and to ensure that residents social needs were met while restricted visiting arrangements were in place. A review of the staff rosters found that activity staff continued to be available four days a week only, there was one nurse on duty from 18.00 to 07.45 hours and there was one household staff working from 08.00 to 15.00 hours daily.
- there had been an extensive recruitment drive for catering, activity, nursing and care staff undertaken since the last inspection. Information provided to the inspectors conveyed that there had been a significant staff turnover with 14 staff leaving and 11 new staff between June and December. This meant that the person in charge was managing the challenge of her new role while inducting two or three new new staff each month to build the staff team.

The provider had strengthened the governance structure by the appointment of a regional manager to increase oversight of the service and support the person in charge. This role was due to become operational on 4 January 2021. The arrangements in place for the review and provision of healthcare services had been strengthened since the last inspection. The person in charge told inspectors that all residents had been reviewed by doctors and there was a schedule in place to ensure reviews were completed as required.

Fire safety issues that required immediate action at the last inspection were being addressed. A fire alarm system that was fully addressable had been installed and the floor plans had been updated to identify all areas of the centre. Further work on sectioning the upper floor area and the addition of fire doors on the ground floor to reduce the size of compartments was a work in progress. All staff had been provided with fire safety training on the new system according to the training records provided.

The infection control measures had been improved and the centre was clean and well maintained. However further improvements were required to ensure:

- that staff had access to hand washing facilities in the sluice
- the cleanliness of some pieces of equipment used by residents
- adherence to the uniform policy.

Staff confirmed that they had attended practical training on donning and doffing personal protective equipment during the outbreak of COVID-19 in March and had completed on-line training on infection control since then. The inspectors formed the view that further practical training should be provided in view of the turnover of staff over recent months.

The centre had a COVID-19 contingency plan and a quality improvement plan. While both documents provided an overview of the measures in place to manage an outbreak of COVID-19, the documents lacked specific detail on how an outbreak or suspected outbreak would be managed. For example, information on where to isolate suspected cases, how to deploy staff to positive and negative areas and who to contact if staff had to isolate was not available in the documents viewed. A Quality Improvement Plan reviewed provided generic information on the actions taken by Storey Broe Nursing Service Limited to address the challenges presented by the pandemic. However, the information was not specific to the centre and did not describe the training completed by staff in the centre, the responsibility of the identified link nurses for infection prevention and control and did not identify the outcomes of audits referred to in the improvement plan, where changes were required and if these had been made.

There had been a change in the person in charge since the last inspection. The new post holder had the required experience in the nursing care of older people, had worked in a management role and had a management qualification.

Cautionary signage that advised of the actions to be taken to reduce the spread of COVID-19 was displayed throughout the building. Social distancing was in place in communal and staff areas. Regular staff meetings took place to ensure staff were familiar with and aware of the ongoing changes to guidance from public health and the Health Service Executive (HSE).

The required notifications related to infectious illness and other events were provided to the Chief Inspector as required.

Regulation 14: Persons in charge

The person in charge appointed in June 2020 was appropriately qualified and experienced as required by the regulations and her role was full time. She conveyed good knowledge of residents' care needs and was addressing the areas of non-compliance identified during the last inspection. She had systems in place to ensure residents' care needs were reviewed regularly and was familiar with the layout of the building and the fire safety works in progress.

Judgment: Compliant

Regulation 15: Staffing

A review of the staffing levels on the roster and as outlined in the centre's statement of purpose did not confirm that adequate staff resources or an adequate skill-mix were available to ensure that staff in the centre could quickly recognise, contain and manage a second outbreak of COVID-19. For example the practice of only having one nurse on duty from 18.00 hours to 07.45 hours meant that a resident who presented with symptoms of COVID-19 or was suspected to have COVID-19 during these hours could not be nursed in isolation. This also applied to situations when residents returned from hospital and required isolation as a precautionary measure.

The allocation of staff to social care was limited to four days a week which did not ensure that residents had adequate diversion and occupation, taking into account the restrictions on visits currently in place and the emotional support that residents need as a consequence. The person in charge said that it had been difficult to recruit to this role as staff interviewed and appointed had not taken up the post and said that recruitment was ongoing. The activity coordinator worked four days a week from 09.00 to 15.30 and while there was a wide range of activities available on the days she was working, the responsibility for activities was with care staff on the other days.

The inspectors saw from the rota that there was one nurse available from 18.00 hours in the evening to 07.45 the next morning. This allocation was unchanged from the last inspection. There were 33 residents accommodated when the inspection was undertaken and the majority (20) had maximum or high dependency care needs. The inspectors saw that residents' care needs included 18 residents with dementia, three with wound care problems and others with mental health difficulties. This allocation did not ensure that in the event of a suspected or confirmed case of COVID-19 that the centre could be divided effectively into two zones and have a nurse available in each area to provide care to residents to control the spread of infection and ensure access to appropriate nursing care for all

residents.

The allocation of staff to cleaning duties continued to require review despite the increase of an extra shift during the week. There was one cleaner on duty from 09.00 to 15.00 hours daily with a second cleaner on duty one day a week to help with deep cleaning of equipment. The inspectors found that while standards of cleanliness had improved, there were items of equipment that included wheelchairs and hoists that were dusty or had unclean surfaces. While the procurement of additional cleaning supplies was mentioned in the COVID-19 contingency plan provided to the inspectors there was no mention of additional cleaning staff to undertake cleaning of frequently touched surfaces after 15.00 hours or the twice daily environmental cleaning described in the plan.

The availability of staff for catering duties had been enhanced. There was now an additional catering assistant which was an increase from the allocation available at the last inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors were provided with training records and these confirmed that all staff had attended training on the mandatory topics of fire safety, moving and handling and safeguarding within the required time frames. However, the effectiveness of training required review as some staff for example could recall having training on the new fire alarm system but appeared unsure of exact changes that had been made as a result of the installation of this new equipment. Training on infection control had been completed on line in recent months by all staff and practical demonstrations on putting on and taking off personal protective equipment (PPE) had been provided during the outbreak in March and April. In view of the number of new staff recruited the inspectors formed the view that additional practical demonstrations were required to ensure staff were familiar with how to put on, take off and manage PPE to effectively control infection spread.

The person in charge agreed to audit staff knowledge on the training that had taken place to ensure staff were appropriately informed and familiar with essential procedures.

Judgment: Substantially compliant

Regulation 23: Governance and management

The systems in place to ensure that the registered provider had oversight of the

service had improved since the last inspection. The person in charge told inspectors that a member of the management team visited the centre weekly and that a weekly Zoom meeting with the compliance and enforcement manager also took place to ensure oversight of the service. The records of governance meetings that took place in September and November viewed by inspectors showed that residents' care needs, supplies, equipment, fire safety, cleanliness and social care were among the items discussed and there were actions identified to address matters that needed attention. There was evidence of a lack of communication in critical areas that included the contingency fire safety arrangements in place until all the fire safety work was completed. For example, following the last inspection a third carer was allocated for night duty and this arrangement was to continue until all the fire safety work was complete. The inspectors found from the off duty that the third carer was due to be discontinued and the person in charge was unaware that the extra staff was required until all the fire safety works were complete and certified. The night duty staff allocation was revised to include three carers during the inspection. While the support structure to the centre was reorganised and strengthened by the addition of a regional manager this role was not due to be filled until the end of January 2021. A new person in charge was also in post and the inspectors saw that she was working with the provider to improve staff resources and the management systems. She had introduced procedures to ensure that residents' care needs were regularly assessed and reviewed. Any resident who required specialist care or referral to allied health professionals had been appropriately referred and provided with the care they needed. The turnover of staff and the ongoing recruitment to replace staff were a challenge for the person in charge as she started her new role. The inspectors judged that the additional support of the newly appointed regional manager was critical to ensuring she had appropriate support and supervision.

While acknowledging the improvements made, the inspectors observed that the management systems required review in the following areas:

- There was a scheduled plan of audits for the person in charge to complete each month up to the end of 2020. However, the audit reports viewed did not identify where the shortfalls had been or what remedial actions had been taken to improve the service. For example, the audit of care plans described improvement since the previous audit but did not describe what deficits had been noted or the changes that had led to the improvements.
- While there were weekly COVID-19 audits and a contingency plan, specific information on how the centre would be divided to isolate suspected or confirmed cases of the virus or how the staffing allocation would be managed to ensure that there was a distinct staff team available for both areas was not defined. The need for a separate staff changing area, toilet facilities and access to PPE was not identified or described to guide staff in an outbreak situation.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required review as the purpose of some rooms had been altered. For example the location of the medicine storage area had been moved since the last inspection. The staffing numbers and whole-time equivalents also needed to be revised to reflect the staff recruited recently. It is a requirement that the statement of purpose is updated to reflect the current staff numbers and whole-time-equivalents employed in each role.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The required notifications were supplied as required to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge told inspectors that there were currently no complaints under review. The record of the Governance meeting that took place on 12 November indicated that there was oversight of complaints. Issues raised were discussed and were noted to be resolved.

Judgment: Compliant

Quality and safety

The centre had an outbreak of COVID-19 in March and April 2020. On the day of this inspection there were no positive cases of COVID-19 in the centre. One resident who had a medical procedure was in precautionary isolation.

The inspectors found that the management of risk, infection control procedures and fire safety had improved significantly. While the standard of cleanliness had improved, further improvements to the standard of cleaning of equipment used by residents was still needed. The systems for the disposal of personal protective equipment (PPE) had improved, there were appropriate supplies of hand sanitizers

and the centre was well organised and clutter free. New chairs had been provided in the sitting and dining areas. These were positive changes.

Following the previous inspection an urgent action plan was issued in relation to Regulation 28-fire safety. The inspectors found that the fire safety measures had been enhanced. The installation of a fully addressable L1 fire alarm system was complete and the floor plan identified all areas of the centre clearly. However, other fire safety work that included fire proofing on the upper floor and the installation of fire doors to reduce the size of compartments was underway with workmen on site during the inspection.

Visiting in the centre was restricted due to the on-going COVID-19 pandemic and visiting was facilitated in-house in line with the HPSC COVID-19 Guidance on visitations to long term care facilities. The centre had a designated room at the front of the building where visits took place. The inspectors saw the schedule for appointments which was overseen by nursing staff and saw that visits took place throughout the day seven days a week and were overseen by nursing staff . The person in charge said that visits were accommodated at times that suited residents and their families, as visits were such a positive aspect of life and everyone was so happy that they had resumed. Inspectors were told that there was regular contact with families by telephone and e mail if families were unable to visit.

Inspectors reviewed a sample of residents' assessments and care plans. Each resident had a comprehensive assessment completed. The assessments underpinned the care plans which included the social, psychological and physical well-being of the residents. The care plans contained person-centred information. Care plans that were specific to wound care were noted to be of a good standard and the response of the wound treatment plan. All residents also had a COVID-19 care plan in place.

Inspectors found that a system was now in place to ensure that all residents had timely reviews by their general practitioners (GP) and the person in charge had a schedule for all residents' reviews. The input from allied health care professionals was also clearly evidenced in the residents' nursing documentation.

A number of residents' meetings had been held and the records conveyed that a range of matters relevant to residents' quality of life were discussed. Events for Halloween and Christmas were arranged and initiatives with local schools that included letter writing had provided interest and diversion for residents during the pandemic restrictions. The inspectors saw the activity schedule was interesting and varied. There were several activities for residents with dementia. The activity coordinator worked four days a week and the person in charge said she was actively recruiting extra staff to ensure that social care was provided in an organised way over the week.

A review of the residents' care records found that where residents had complex health or social needs that they had specialist support from allied health, medical services and an advocacy service. If residents displayed responsive behaviours associated with mental health or dementia care needs these were appropriately

recorded and staff had interventions in place to manage and appease the behaviours in a sensitive manner.

The centre had a COVID-19 contingency plan in place to prepare for a second outbreak. The contingency plan lacked clarity and specific detail on how the centre would be organised and staffed to manage the outbreak effectively.

Regulation 11: Visits

Visits were taking place in accordance with national guidance. There was a schedule for visits that was coordinated by the nurses and residents said they were delighted to be able to see people again. A comfortable visitors' room was available and there was PPE supplied.

Judgment: Compliant

Regulation 12: Personal possessions

An action plan in the last report had been addressed. Clothing was stored appropriately in residents' rooms and in the laundry.

Judgment: Compliant

Regulation 17: Premises

The centre is purpose built and residents' accommodation is comprised of 24 single and 12 double rooms. There is a range of spacious communal areas where residents can spend time during the day. Furnishings and fixtures were home-like and there was crockery and pictures on display to make the environment interesting for residents.

An action plan in the last report had been addressed. Damaged chairs had been replaced and new dining chairs that are more supportive had been supplied. There were areas where residents could spend time quietly when they wished to be alone.

The inspectors noted the following areas that required attention:

- the paintwork in some areas required renewal and
- the medication storage room is an internal room that has no ventilation which makes it an unhealthy work environment and creates the risk of infection

spread .

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors saw that the menu was clearly displayed in the dining room and residents knew the choices of dishes on offer at lunch time. There was good monitoring of residents' nutrition needs and residents who were losing weight were monitored closely and stabilised. Additional nutrition supplements were provided when it was recommended by dieticians.

The inspectors saw that the menu on the day of inspection was varied and included meat and fish dishes. However, there was a repetition of chips at lunch and evening meals which should be reviewed to ensure the diet is appropriately nutritious.

Judgment: Substantially compliant

Regulation 26: Risk management

The inspectors found that there was a risk management policy in place and that all accidents and incidents were recorded and reviewed by the management team during governance meetings.

Judgment: Compliant

Regulation 27: Infection control

Following the findings of the last inspection the provider had submitted a compliance plan to the Chief Inspector setting out the action they would take to improve the prevention and control of infection in the centre. The findings of this inspection are that while some improvements had been made further action was required. Improvements noted included:

- Supplies of hand gel were readily available and were used appropriately by staff as they moved around the centre the inspectors observed
- The standards of cleanliness had improved and clinical waste bins were available and secure
- A redecoration and painting programme was underway to ensure

- surfaces were intact and easy to clean
- The bedpan washer was serviced in July 2020.

The inspectors found that identification of risk in relation to infection control had improved. The person in charge was aware of potential risks and described the actions taken to address risks identified at the last inspection. She was aware for example of the work required to the laundry to enable staff to effectively separate clean and soiled items and this work was planned. The present layout does not enable staff to effectively segregate clean and soiled laundry and ensure there is no cross contamination.

The inspectors noted that there was a good supply of PPE readily available for staff and that PPE items were worn appropriately.

The following areas were noted to require attention:

- The sluice was cluttered and staff could not reach the sink to wash their hands
- Some items of equipment used by residents such as hoists were dusty and surfaces were not adequately clean
- The uniform policy was not adhered to by all staff as some staff were working in their normal clothes and this requires oversight to reduce the risk of infection transfer
- A hoist sling in use was not labelled, worn and required disposal
- The centre had a COVID-19 contingency plan in place to prepare for a second outbreak. The contingency plan lacked clarity and specific detail on how the centre would be organised and staffed. The arrangements to separate residents into two zones was not specified although the person in charge described how the arrangements would be organised. The contingency plan required review to ensure that staff had appropriate guidance to help them to immediately and safely isolate and cohort residents and allocate staff and supplies in the event of a second outbreak.

Judgment: Not compliant

Regulation 28: Fire precautions

Some progress had been made in improving fire safety in the centre since the last inspection however a number of issues remained outstanding:

- fire proofing works to the upper floor apartment area and attic storage area were not complete
- the electrical system required certification
- installation of additional emergency lighting required completion
- the division of attic areas and the installation of additional fire doors to reduce the size of fire compartments and limit the spread of fire were

planned to commence when the initial insulation work described above was complete.

It is expected that completion of the above works will significantly enhance resident safety and improve regulatory compliance. In mitigation of the current level of risk the provider has agreed with the Chief inspector that an additional staff member would be assigned to fire warden duties at night until such time as all the fire safety works were complete and certified.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The area used for the storage of medicines had been altered and was now more suitable although as described earlier the room required appropriate ventilation as it is an internal room.

Nurses told inspectors that controlled medicines are checked twice a day at shift changeovers. The checking of controlled drugs at night when there is one nurse on duty needs to be audited to ensure that good practice guidance is adhered to

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of the nursing records, care plans and assessments were reviewed and were found to be of a good standard. This has been a consistent finding during the last two inspections.

The care plans for wound care problems were reviewed and were found to contain good detail on the problem presented, the dressing regimes, response to treatment and the size and extent of the wounds. All wounds in receipt of attention were noted to be improving.

Judgment: Compliant

Regulation 6: Health care

An action plan in the last report had been completed. the provider had ensured that all residents were reviewed as required and when their health needs changed. The person in charge had a schedule for reviews and this ensured that compliance with

this regulation was achieved.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors were told that some residents displayed responsive behaviours associated with mental health problems or dementia. Records were maintained of all incidents of responsive behaviours and care plans described a range of interventions that could be used to distract residents and maintain their dignity and well-being. One incident described to inspectors highlighted where a staff member identified a change in behaviour promptly and alerted the nursing staff which prompted a specialist assessment and a new treatment plan which was found to have had a beneficial effect for the resident.

Judgment: Compliant

Regulation 8: Protection

The training records confirmed that all staff including new staff employed had training on safeguarding and protection. There were no safeguarding issues being addressed when the inspection was completed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were observed spending time in the communal areas of the centre and in their bedrooms. There were two sitting rooms, a large dining room and an oratory that provided ample space for residents to sit together and maintain safe social distancing. Inspectors observed that although social distancing inhibited residents ability to interact with each other, there was plenty of conversation and chat as the staff team and activity coordinator prompted conversation throughout the day. Residents had access to newspapers, radios and televisions. Residents who chose to sit in the main reception area were provided with radios so they could listen to programmes that interested them.

There was a wide ranging activity schedule available on the four days the activity coordinator was on duty however, it was not evident that on other days that residents had access to meaningful social care. There had been significant

changes in the staff team due to departures and new starters and this transition meant that care staff were not all familiar with residents' social care needs which was a significant factor at a time when their social contacts were limited due to COVID-19 restrictions.

The inspectors observed that residents appeared comfortable and happy in the company of staff. Staff were observed helping residents with their meals and drinks in a sensitive caring manner. Staff noticed and responded when residents needed support. People's routines and choices were respected however, the inspectors noted that a shower list was displayed which suggested institutional practice and did not reflect a person centred approach.

The inspectors were told that on site religious services were limited to residents in receipt of end of life care. Church services were streamed from local churches. There was an oratory for quiet prayer which was readily accessible to residents as it is located just off the reception area.

Judgment: Substantially 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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Sonas Nursing Home Belmullet OSV-0005589

Inspection ID: MON-0031377

Date of inspection: 08/12/2020

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 |
|---|---------------|
| Regulation 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing is reviewed on a daily basis during the pandemic and resources are rostered accordingly. In the event that a resident or residents becomes symptomatic of Covid-19 additional staffing if assessed as required is rostered in order to monitor these residents. At all times all staff don and doff as per IPC and HSPC guidelines in order to ensure the protection of all staff and residents. Residents are commenced on QDS vital signs monitoring. All changes are escalated to the GPs. Residents who are symptomatic will be nursed in single rooms or double rooms with single occupancy. The home is divided in to separate teams since the pandemic began and these are clearly identified on the roster. These teams rotate on return of the staff serial testing results. Ongoing & complete.</p> <p>Residents have and will continue to have a full and varied programme of social activities across the seven days and in accordance with their wishes. The recent resident satisfaction survey rated satisfaction with activities at 100% (n=10) and comments that their favourite activities are the music sessions, bingo and ball activities. They also commented that they are looking forward to visiting arrangements improving. With the current numbers of residents the Activities coordinator is able to offer both small group and one-to-one activities. We have advertised for a second activities coordinator to support the team in anticipation of the occupancy increasing. Additional Health care staff are employed and they are rostered for additional hours in order to ensure sufficient time can be allocated from that team to have dedicated social and recreational time with the residents. A further analysis of the services delivered will form part of the Annual Review and a Quality Improvement Plan will be developed and agreed with the residents. 31/01/2021.</p> <p>Cleaning of frequently touched surfaces has always taken place but is now documented. The Quality team and the company IPC lead nurse are currently standardising new documentation for all cleaning schedules. Any additional resources required are kept under regular review and in line with increasing occupancy. 26/02/2021.</p> | |

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| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The recently appointed new PIC has commenced a regular review with staff in order to assure that they are confident in both talking about and implementing their knowledge. The company IPC lead has a brief for the first quarter of 2021 to support and mentor staff on the ground with all aspects of IPC thus ensuring that theory is correct in practice. Staff have been requested to complete refreshers on HSE land. 31/03/2021</p> | |
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The fire management project is almost complete and the recently appointed new PIC has met with the facilities manager and is up-to-date. Complete.</p> <p>The specifics relating to separating teams in the event of a Covid-19 outbreak had been reviewed by the HSE IPC team and approved. All staff are familiar with this. This is now documented in our contingency plan. Complete</p> | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose was not reviewed on the day of the inspection. It is kept under regular review and is up-to-date. Complete.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A painting plan had been improved and has been delayed by the pandemic and the restrictions associated with same. As soon as it is safe to do so the painters will be back onsite.</p> <p>The CCTV system in the hallways was decommissioned some time ago and is not in use.</p> | |

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| The medication storage room has recently been refurbished and an air extraction unit is being installed. 01/02/2021. | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The menu has been reviewed to ensure that chips are not offered twice per day unless at the request of an individual resident. Complete. | |
| Regulation 27: Infection control | Not Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Restructuring of the laundry. 31/03/2021. • Sluice room de-cluttered. Complete. • Staff who don't have specific uniforms have "work" clothes and in the event of direct resident care will don a uniform. Complete • The hoist sling has been replaced and all hoist slings are audited on a regular basis. Complete. • The contingency plan is updated with the specifics requested. Complete. | |
| Regulation 28: Fire precautions | Not Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has engaged an external fire safety expert and have agreed a programme of works with the Inspector of Social Services (Estates and Fire Safety) with a planned completion date of 26/03/2021. | |
| Regulation 9: Residents' rights | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights: The residents shower list is developed from the agreed care plans. It is merely a guide and residents can decline or accept or request a shower any day of the week. The recently appointed new PIC has discussed this with all staff. Complete. Religious services have always been available online/live stream. Complete. | |

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 |
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| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Not Compliant | Orange | 31/01/2021 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 31/03/2021 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 31/03/2021 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the | Substantially Compliant | Yellow | 01/02/2021 |

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| | residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | | | |
| Regulation 18(1)(c)(ii) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious. | Substantially Compliant | Yellow | 25/01/2021 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | Not Compliant | Orange | 04/01/2021 |
| Regulation 23(b) | The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. | Substantially Compliant | Yellow | 04/01/2021 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure | Not Compliant | Orange | 04/01/2021 |

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| | that the service provided is safe, appropriate, consistent and effectively monitored. | | | |
| 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. | Not Compliant | Orange | 31/03/2021 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Not Compliant | Orange | 26/03/2021 |
| Regulation 28(1)(b) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 26/03/2021 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 25/01/2021 |
| Regulation 28(1)(d) | The registered provider shall | Substantially Compliant | Yellow | 25/01/2021 |

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| | make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. | | | |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 26/03/2021 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Not Compliant | Orange | 25/01/2021 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to | Substantially Compliant | Yellow | 08/12/2020 |

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| | the designated centre concerned and containing the information set out in Schedule 1. | | | |
| Regulation 9(1) | The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident. | Substantially Compliant | Yellow | 08/12/2020 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 31/01/2021 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Substantially Compliant | Yellow | 31/01/2021 |
| Regulation 9(3)(e) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and | Substantially Compliant | Yellow | 08/12/2020 |

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| | religious rights. | | | |
| Regulation 9(4) | The person in charge shall make staff aware of the matters referred to in paragraph (1) as respects each resident in a designated centre. | Substantially Compliant | Yellow | 08/12/2020 |