



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Moyridge
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Ridgepool Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	04 October 2021
Centre ID:	OSV-0000364
Fieldwork ID:	MON-0034320

About the designated centre

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

Sonas Nursing Home Moyridge is situated on the River Moy next to the salmon ridge in the town of Ballina. It was opened in 1998. It is situated a short walk from the town and its local shops and amenities. The centre can accommodate 46 residents in a mixture of single or twin bedrooms. Accommodation is organized over two floors. The first floor accommodation is accessed by a passenger lift. Communal areas comprise of two lounges, a dining room a visitors/meeting room and a smoking room. There is an enclosed garden area to the rear of the building and a pleasant front courtyard which overlooks the river Moy and provides parking for visitors. The centre provides long term and respite care for adults with a range of dependencies including physical dependencies, end of life care and cognitive impairment including dementia type conditions. Sonas Nursing Home Moyridge is committed to providing residents with person centred care in a home from home environment. The centre's documentation states that residents will be treated as individuals and will be given every opportunity to be fully involved with their care and encouraged to lead as active a lifestyle as they choose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Monday 4 October 2021	13:30hrs to 18:20hrs	Catherine Furey	Lead
Tuesday 5 October 2021	08:10hrs to 15:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in this centre was that it was a great place to live and residents felt well cared for by an approachable and caring team of staff. The inspector spent time talking to residents living in the centre, and observing staff and resident interactions throughout the course of the inspection. From what the residents told the inspector, and from observations on the day, it was clear that the residents received a high standard of quality care.

On arrival to the centre, the inspector was met by the acting clinical nurse manager, who conducted a COVID-19 risk assessment and ensured that temperature checking and hand hygiene were completed prior to gaining access to the centre. Following a short opening meeting, the person in charge accompanied the inspector on a tour of the premises. The inspector greeted the majority of the residents in the centre and spoke in more detail with five residents, in order to establish their experiences of living in Sonas Nursing Home Moyridge. The person in charge outlined that over 50% of the residents had a known or suspected level of cognitive impairment. On arrival in the afternoon, the centre was a hive of activity after lunch. Residents were comfortably seated or mobilising around in the communal areas. The inspector observed that residents were well-groomed and residents with dementia, who were unable to communicate verbally or express their needs to the inspector appeared content and comfortable.

The centre is laid out over two floors. Residents are accommodated in both single and twin bedrooms. All bedrooms have en-suite facilities, some with showers. There are a sufficient number of shared shower rooms for residents without an en-suite shower. Access to the first floor bedrooms is via the stairs or a passenger lift. The person in charge confirmed that residents on the first floor but were routinely assessed to ensure they could use the passenger lift to access their bedrooms. Residents who spoke with the inspector were comfortable with using the lift. Residents had easy access to two small enclosed courtyard areas from the corridors. The areas were wheelchair-friendly. Inspectors observed that there were raised flower beds which were used as part of the activities programme, with residents planting seasonal flowers. The area was nicely decorated with a nautical theme and there was suitable garden furniture for residents to sit out when the weather was good. On the days of inspection the weather was varied, however the inspector observed residents being taken out for short walks and to sit in the fresh air in between the showers. A large extension to the centre was underway. The building works were nearing completion and the inspector walked through this area and found it to be completed to a high level including 12 single en-suite rooms, a new laundry, kitchen, nurse's station and communal room. The provider outlined that they planned to increase occupancy from 46 to a total of 55 beds, with three existing double bedrooms reducing to single occupancy.

All of the residents who spoke to inspectors were highly complimentary of the service provided. One resident described the staff as their best friends, who would

do anything for them. Inspectors observed positive and supportive resident and staff interactions throughout the day. Staff were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence where possible, for example when assisting residents to walk. The atmosphere was unhurried and there was an evident sense of camaraderie between residents and staff. Residents knew the person in charge by name and one resident remarked that she was "just fantastic, she knows us as all here".

Residents were offered frequent drinks and snacks throughout the day and inspectors observed staff offering discreet assistance to residents where required. Mealtimes were seen to be a social occasion and residents were offered a choice of options for main course and dessert. Residents were very complimentary of the food, and a recent survey highlighted a very high level of satisfaction with the food offered. . Residents were delighted with the new dining room which had undergone refurbishment and decoration, enhancing the overall dining experience.

Residents to whom the inspectors spoke with confirmed that the activities were very important to them and said staff went above and beyond to keep them entertained. Inspectors saw that residents' spiritual needs were met through regular prayers in the centre and attendance at Mass. The centre's oratory was seen to be a small yet peaceful place where residents could go to for quiet reflection. A programme of varied and innovative activities was in place for residents and the inspectors saw many lively and quieter activities taking place. Information on the day's events and activities was displayed in the centre. There is a staff member dedicated to the role of activity coordinator, with support from two other staff members in their absence and activities are provided seven days of the week. In the afternoon, the inspector saw a lively chair-based exercise class take place, facilitated by the physiotherapist and activity coordinator. Residents were seen to actively participate and were encouraged to do so by the staff. Residents told inspectors that other activities such as bingo and arts and crafts are also popular. Pictures adorned the walls of residents engaging in various different activities. The activity coordinator told the inspector of a number of initiatives they had introduced during the pandemic restrictions such as the Walking Club where the residents sang as they walked around the communal areas, using large murals and pictures of the surrounding areas as stopping points.

Residents told the inspector that they could go out for trips and could have visitors to the centre. The person in charge outlined that following a risk assessment, visits were being scheduled in advance. The inspectors observed some visitors using the visiting room during the inspection and others who visited in bedrooms on compassionate grounds. There was evidence that all families and residents had been communicated with regarding this temporary decision. On the second day of the inspection, spirits were high as the residents received their third COVID-19 vaccination in the centre. Residents told the inspector that that they were happy to get it and staff were seen to make an occasion of the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered

Capacity and capability

There were effective management systems in place in this centre, ensuring the delivery of high quality care to the residents. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services. The provider ensured that the centre was adequately resourced and actions and improvements required from the previous inspection in September 2019 had been addressed and completed. Some further issues were identified by the inspector; these are detailed under the Quality and safety section of the report.

Sonas Nursing Home Moyridge is operated by Storey Broe Nursing Services Limited, who are the registered provider. There are three company directors, all of whom are involved in the running of several other centres. One of the company directors represents the provider and is actively engaged in the day-to-day running of the centre. There is a clearly defined, overarching management structure in place. The person in charge is supported on site in her role by the assistant person in charge, acting clinical nurse manager and a team of nurses and health care assistants. The centre also has dedicated activities, catering and domestic teams. Additionally, the company-wide Quality and Governance manager provides clinical and operational support and supervision. The addition of a Regional Manager in January 2021 had further strengthened the governance structure and provided an additional level of support for the centre's management team. Staff had a good awareness of their defined roles and responsibilities. Staff members spoken with told the inspector that the person in charge was supportive and understanding of their individual roles and had a visible presence within the centre daily.

This was an unannounced inspection conducted over two days to monitor ongoing compliance with the regulations and standards. The centre had implemented a range of infection prevention and control measures within the centre, including separation of staff teams and had managed to remain free from COVID-19 outbreak during the pandemic. COVID-19 vaccinations were completed for staff and residents and there had been a high uptake. Good awareness and emergency planning were evidenced in the provider's COVID-19 preparedness contingency plan, which detailed the measures to be put in place if they were to experience an outbreak of COVID-19. This plan had been communicated to all staff at regular meetings.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents. Weekly information was gathered on various key performance indicators such as prevalence of wounds, falls and restraints. This information was collated and used to inform regular audits. Quality improvement plans were developed following audits and improvements were seen to be actioned within specified time lines. For example, an audit of falls identified that one resident required further supervision in the evening; in response the person in charge allocated staff to provide direct supervision, incorporating dementia-specific activation and therapies to minimise the risk of falls occurring at that time.

Communication systems between the various staff teams were good. Each department had a representative who met with the management team regularly to discuss any issues, trends or improvements required. There were monthly management meetings with the the company's other centres where opportunities for learning were shared. Staff participated in various different committees such as the nutrition committee and quality and safety committee. This provided additional development opportunities for staff while also enhancing the quality of the service provided to the residents.

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. Training courses were a combination of in-person and online formats. All staff had received up-to-date mandatory training specific to their roles. Registered nurses completed annual medication management training and had undertaken additional training such as venepuncture and palliative care. A review of a sample of staff files showed that the provider had a robust induction process in place for new staff. Regular staff performance appraisals were conducted by the person in charge and staff confirmed that they were encouraged to identify their individual training and development needs.

Accidents and incidents were well-managed and there was a low level of serious incidents occurring in the centre. Overall, there was a low level of documented complaints. There was one open complaint at the time of the inspection. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures.

Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents, having regard for the size and layout of the centre. The inspector observed skilled staff providing care for residents and staff were knowledgeable regarding the residents' individual needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training such as safeguarding, moving and handling and fire safety was completed by all staff. Staff were supported to complete a range of additional training such as wound care and care planning. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of

personal protective equipment (PPE).

Staff were supervised in their roles daily by the person in charge and the clinical management team. The provider had good procedures in place for the recruitment and retention of suitable staff. The centre's induction programme for new staff was thorough and included reviews at one, three and six months where additional training needs were identified. Annual appraisals were ongoing for all long-term staff.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector and were seen to be well maintained. A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed.

Records as required by Schedules 3 and 4 of the regulations were maintained and easily accessible to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. All staff that inspectors spoke with were knowledgeable about their roles and responsibilities.

There was a comprehensive audit schedule in place which included audits of falls, wounds and care plans. Audit outcomes and plans for improvement were discussed with the clinical governance meetings and at regular staff meetings, ensuring that areas for improvement were shared and followed up on in a timely manner.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2020. This included targeted improvement plans for a variety of areas based on the outcomes of audits and reviews conducted during the year. The annual review included feedback from residents following consultation throughout the year via satisfaction surveys and

residents meetings.
Judgment: Compliant
Regulation 3: Statement of purpose
The centre's statement of purpose had been updated and contained all the necessary details outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
Judgment: Compliant
Regulation 31: Notification of incidents
A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.
Judgment: Compliant
Regulation 34: Complaints procedure
<p>There was a complaints procedure in place which was prominently displayed in the reception area for residents' and relatives' information and contained all of the information required by the regulation. Details on display included the name of the nominated complaints officer in the centre, the investigation procedure, the appeals process and contact details of Advocacy services and the Ombudsman.</p> <p>The inspector reviewed the complaints log. There was one open complaint on the day of inspection which was seen to be well-managed, with a high level of ongoing communication and engagement with the complainant. Closed complaints were seen to have been investigated thoroughly and promptly. The satisfaction of the complainant was documented for all complaints. The inspector spoke with staff who confirmed that they were aware of the complaints procedure. Residents confirmed that any concerns or complaints they had would be dealt with and they were confident to highlight issues to staff members.</p>
Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through good access to health care services and plentiful opportunities for social engagement. Nonetheless, improvements were required with regard to premises, infection control procedures and fire safety.

Resident's health care needs were well met and there was a choice of General Practitioners (GP's) that supported the centre. Based on a review of a random sample of care plans; the inspectors found that care plans were person-centred and there were very comprehensive end of life care plans seen. Inspectors saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. The inspectors found that residents were consulted about how the centre was run and were enabled to make choices about their day-to-day life in the centre. There was also adequate arrangements in place for consultation with relatives and families. There was evidence that frequent communication had taken place with families during the COVID-19 pandemic.

The design of the current premises was homely and an ongoing programme of regular maintenance was in place. The actions required from the previous inspection had been addressed by the provider. Minor refurbishment works had been completed on the first floor, ensuring that residents could access shower facilities in their en-suites, bringing the ratio of shower facilities per resident in line with the national standards. The new extension to the building would provide additional communal space for the residents currently accommodated on the first floor. The Issues with a lack of adequate storage throughout the centre were identified by the inspector. This is discussed further under regulation 17 and regulation 27. The inspector observed two occupied twin bedrooms which were very compact and will not meet the minimum floor space requirements set out in the regulations. The design and layout of other twin rooms, which do meet the minimum floor space criteria required considerable review to ensure that all residents had easy access to their personal possessions and to maintain a homely and comfortable environment.

The management of potential and actual risks occurring in the centre was good. Current and changing risks were updated regularly by the person in charge. For example the risk of external contractors entering the centre to complete building works was risk assessed from both a health and safety and wellbeing perspective, in terms of the potential noise levels associated with the works. There was a number of additional risks identified specific to COVID-19 which included refusal of vaccinations, congregation of staff and the risk of visitors entering the centre. The inspector found that these risks were well-managed and there were a number of identified control measures in place to mitigate the identified risks.

The inspector observed that staff adhered to good infection control procedures with regard to the correct usage of PPE and effective hand hygiene. Visual prompts were

available for staff to ensure correct procedures were followed. The inspector acknowledge the dedication of staff in managing to remain COVID-19 free, however the inspector observed some practices and environmental issues which were not in line with best practice guidelines. These are discussed under Regulation 27.

Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEP's) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. While these were updated, they were not easily accessible to staff, as discussed under regulation 28. Fire training was completed by all staff and regular fire drills were undertaken including the simulation of a full compartment evacuation with minimal staffing levels which provided assurances regarding suitable evacuation times. A thorough fire safety induction was conducted by the centre's in-house fire trainer with all new staff. .

The effects of social isolation had been individually assessed for each resident and suitable alternatives implemented to ensure the residents remained connected with their families. Staff were found by the inspectors to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests. There were systems in place to safeguard residents from abuse and safeguarding training for new staff was ongoing. Residents had access to independent advocacy services.

Regulation 11: Visits

On the day of inspection, following a risk assessment, visits to the centre were being scheduled in advance due to high levels of community transmission. The inspector saw evidence of engagement with residents and families regarding this temporary arrangement. The provider confirmed that this arrangement would be reassessed and restrictions eased in line with current and local public health guidelines. Compassionate indoor visits were seen to be facilitated on the day of inspection.

Judgment: Compliant

Regulation 12: Personal possessions

The configuration of some of the centre's twin bedrooms required review. In a number of twin rooms, residents' access to their clothes and belongings was compromised as wardrobes were located at the far end of the room, a considerable distance from the beds.

Judgment: Substantially compliant

Regulation 17: Premises

The inspector found that there was insufficient storage within the centre. This lack of adequate storage space resulted in stocks of clinical equipment being inappropriately stored in locked wardrobes within residents bedrooms. Sluice rooms were also used to store equipment. An environmental audit had been conducted which had identified this issue, and the lack of storage had been discussed at clinical governance meetings, however an improvement plan had yet to be put in place to rectify the issue.

Two twin rooms will not meet the minimum floor space requirements of 7.4m² per resident as determined in S.I 293 of 2016. Residents accommodated in these rooms did not have sufficient space to carry out activities in private. The provider planned to reduce the occupancy of these twin rooms to single rooms, on the opening of the new extension, however this will not meet the deadline of 31/12/2021 as set out in S.I 293 of 2016.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place which detailed the management of risks in the centre. This contained reference to the five specified risks as outlined under the regulation. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Clinical and environmental risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- In the absence of adequate storage space, the sluice room was used to store clean items in use such as linen trolleys, laundry bags, hazard signs and

commodes.

- Plans were underway to convert a storage room into a dedicated cleaners room. In the absence of this facility, domestic staff used the sluice room to top up and decant bottles of cleaning chemicals.
- Facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre; the inspector observed staff using residents' sinks for hand washing, which is not in line with best practice guidelines.
- While efforts were ongoing to address a number of maintenance issues, a number of the surfaces and finishes including wood finishes on doors, skirting boards, bedrails and lockers were worn and chipped and as such did not facilitate effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Personal emergency evacuation procedures (PEEP's) were completed for all residents, however these were not easily accessible for staff, which could cause potential delays in the safe and timely evacuation of residents in an emergency.

A copy of each residents PEEP was held at the nurses station in the main reception area. In addition, each fire compartment contained a wall-mounted board which discreetly displayed the evacuation procedures of each resident. Nonetheless, staff who spoke with the inspector were unfamiliar with this board and stated that they would go to the nurses station to retrieve the evacuation procedures in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with residents and their families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

There was a very low level of wounds occurring in the centre. Nonetheless, on reviewing wound records, the inspector found that there were sporadic, inconsistent clinical measurements documented in the wound assessment chart which made it difficult to ascertain if the current wound dressing plan was successful or required further review.

Residents had excellent access to dietetic services and the nutritional status of residents was regularly monitored. However, the inspector found that one resident who had lost a significant amount of weight had not been referred to the dietitian, as per the centre's policy. This was due to a miscalculation of the residents weight loss resulting in an incorrect assessment of their nutritional status. This was rectified during the inspection and the appropriate referral was made.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques and ways to effectively respond to behaviours. There was evidence of residents being referred to a clinical specialist for advice and supportive plans.

There was a low level of bed rails in use throughout the centre. Records showed that when bed rails were used, an assessment was completed which included a multidisciplinary approach with the resident's general practitioner (GP) and the physiotherapist. Alternatives to bed rails were trialled and there was evidence of good use of alternatives such as grab rails and low profile beds.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy of the prevention, detection and response to abuse. All staff had attended mandatory training in safeguarding vulnerable persons at risk of abuse. Staff were knowledgeable about the procedure in place for the reporting of such allegations. Records showed that An Garda Síochána (police) vetting disclosures were in place prior to commencement of employment.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of frequent residents meetings which the inspector reviewed. Overall, residents' right to privacy and dignity were respected and positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one to one activities and group activities.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Moyridge OSV-0000364

Inspection ID: MON-0034320

Date of inspection: 05/10/2021

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Twin bedrooms will be reconfigured and wardrobes moved to give easier access for each resident. The bedroom layout has been reviewed and measurements taken for new wardrobes. This will enhance the individual space for each resident. The residents who currently occupy these bedrooms are not affected by the existing layout. 26/02/2022.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Clinical equipment is being removed from the wardrobes in the resident's bedroom and clinical equipment will no longer be stored there. 30/11/2021.</p> <p>An alternative storage area has been identified for the equipment from the sluice room. There is now no storage of equipment in the sluice room. Complete.</p> <p>An environmental audit had been conducted by the facilities team and an improvement plan has agreed. Completion date 01/02/2022. The two twin rooms that will not meet the minimum floor space requirements of 7.4m² per resident as determined in S.I 293 of 2016. will be re reconfigured to accommodate one resident in each room and will have sufficient space to carry out activities in private. The provider plans to reduce the occupancy of these twin rooms to single rooms by 01/01/2022.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Alternative storage of linen trolleys and bags has been organised. Complete. • A room in the new building has been identified as the cleaner's room and will be used for decanting cleaning chemicals and all associated requirements for the household staff. Complete. • Handwashing sinks and their placement has been risk assessed and will be reviewed with the community IPC team. Sufficient hand sanitisers are located throughout the building. Complete. • The facilities team have agreed a plan for continuous painting and redecoration and same has commenced. Ongoing. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Although the new PEEP boards were in place not all staff had been inducted to these as this was a new initiative. All staff have now been inducted. In addition to this we are adding the PEEPs to the inside of each resident's wardrobe door. 30/11/2022.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: We now complete a wound assessment on all wounds at all dressing changes even those which are long term and which are palliative rather than curative. Complete.</p> <p>All nurses have been mentored with MUST calculations. This will be audited monthly. Complete.</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
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	26/02/2022
Regulation 17(2)	The registered 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.	Substantially Compliant	Yellow	01/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/12/2022

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(1)(d)	The registered provider shall 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.	Substantially Compliant	Yellow	30/11/2022
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the	Substantially Compliant	Yellow	15/10/2022

	care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
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