



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Innis Ree
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Ballyleague, Lanesborough, Roscommon
Type of inspection:	Unannounced
Date of inspection:	24 January 2024
Centre ID:	OSV-0000350
Fieldwork ID:	MON-0041297

About the designated centre

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

Sonas nursing home Innis Ree is a purpose built centre for older people that accommodates 58 residents. It is located in the village of Ballyleague approximately 14k from the town of Roscommon and Longford and overlooks the river Shannon. The centre provides care for male and female residents requiring long term, respite, convalescent and dementia care. The ethos of the centre as described in the Statement of Purpose is one of resident-centredness and the motto is "We work in your home". Residents' accommodation is provided on the ground floor and comprises five separate communal areas, each with dining facilities reflecting a household model. There are 54 single bedrooms and two twin bedrooms all with en-suite shower and toilet facilities. Bedrooms are spacious and have good storage space and each room has a kitchenette which has a fridge, worktop and cupboards, a kettle and a washing machine. The building makes good use of natural light and en-suites were suitably ventilated. There are ample corridors for residents to walk and the centre has landscaped gardens surrounding it and an enclosed courtyard garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 January 2024	09:00hrs to 18:00hrs	Michael Dunne	Lead
Wednesday 24 January 2024	09:00hrs to 18:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a good quality of life supported by a team of staff who were caring, kind and responsive to their needs. The feedback from residents was that they were happy with the care they received and that staff looked after them very well. All residents who expressed an opinion said that they felt safe and secure living in the centre.

One resident told the inspector that there has been a power cut recently and that staff looked after them very well during the power outage, while another resident said " You could not ask for more, I have got everything I need". Inspectors also spoke with visitors who attended the centre and their feedback was positive regarding the quality of care provided to their relatives.

Upon arrival the inspectors were greeted by the person in charge who guided them through the required infection prevention and control measures which included a wellness check and the completion of hand hygiene. While the centre was infection free at the time of the inspection, the provider requested that visitors wear face coverings due to the risk of infection present in the local community.

At the introductory meeting with the person in charge the inspectors discussed the purpose of the inspection, which included a review of the providers compliance plan arising from the previous inspection held in January 2023. Following this meeting, the inspectors commenced a tour of the building where they had the opportunity to meet and chat with residents and staff members.

Sonas Nursing Home Innis Ree is a purpose built single storey premises that is registered to provide accommodation to 58 residents and is located on the outskirts of Ballyleague, Co Roscommon. At the time of the inspection there were 55 residents living in the designated centre. Residents accommodation was arranged in single and twin bedrooms which were located in four areas of the centre.

There was a calm and relaxed atmosphere in the centre. Some residents were up and about and were spending time in the communal rooms while others were still in their bedrooms. Household staff were observed attending to resident rooms while care staff were observed assisting residents with their personal care support in a discreet manner. It was obvious that staff were aware of residents assessed needs and this contributed to positive social interactions between them.

Resident bedrooms were found to be spacious, well maintained and suitable for the needs of the residents. All bedrooms contained adjoining ensuite toilet and shower facilities. There was suitable storage facilities available in residents bedrooms and which facilitated easy access to their personal belongings. The provider was found to have upgraded lockable storage facilities in resident bedrooms which meant that residents had the opportunity to secure personal items in their own room

environment.

Resident communal rooms were spacious, comfortable and warm. Communal rooms were laid out in a homestead style with dining room and sitting room facilities combined. The position of the television and the arrangement of seating in these rooms meant that not all residents could easily view the television. Furthermore the arrangement of chairs lining the walls was not in keeping with the household ethos and did not support resident interactions with each other.

There were no restrictive practices observed on the day of the inspections. Residents were free to move about the centre and there was unrestricted access to courtyards and an enclosed garden area. The provider was found to have reduced the use of bed rails in the centre by over 80% since the start of 2023 and was committed to promoting a restraint free environment.

There was good use of notice boards to update residents on the provision of activities available in the centre. Information on how to access advocacy services and on how to register a complaint was displayed in the centre. There were monthly resident meetings held which were well attended by the residents. The provider was keen to ensure that resident feedback was being used to develop and improve the services provided. In addition, resident care records confirmed that residents were communicated with on a regular basis in relation to their health and social care needs.

Residents were supported to attend group activities. Inspectors observed music and exercise sessions which residents were observed to enjoy. 17 residents were observed attending these sessions which were very popular and well received. Some residents preferred to follow their own routines, while others required dedicated one-to-one support from staff to pursue their individual interests.

Residents who expressed a view told the inspectors that they enjoyed the food provided and that they could request an alternative meal if they did not like what was on the menu. The menu options viewed on the day consisted of a fish dish and a pork casserole meal. Some residents required assistance with eating and drinking and this was provided in a supportive manner.

During the centre walk round the inspectors observed that the registered provider had made a number of significant changes to the layout of some rooms in the designated centre since the last inspection. These changes were not communicated to the Chief Inspector prior to these changes being made. This is discussed in more detail under Regulation 23 Governance and Management and Regulation 17 Premises.

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

Overall this centre was well managed to ensure that safe and appropriate care and services were provided for the residents. However significant focus and effort were now required to ensure that the vacancies in the nursing staff levels and in the clinical leadership team were filled to restore staffing levels in line with the provider's statement of purpose. These vacancies significantly depleted the clinical leadership team and as a result were impacting on the oversight of care and the compliance levels in some areas such as infection prevention and control. Furthermore the provider was carrying out works to re purpose a number of rooms in the centre. These changes to Condition 1 of the centre's registration had not been discussed with the office of the Chief Inspector. Furthermore the inspectors were not assured that the quality of the works in the relocated laundry and the new communal bathroom achieved the intended improvements for the residents.

This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspectors also followed up on unsolicited information that had been received by the chief inspector which was partially substantiated on this inspection.

The registered provider is Sonas Nursing Homes Management Company Limited. The provider is a national provider with a number of nursing homes in Ireland. The inspection was facilitated by the person in charge and the provider's regional manager for the area. The provider has a senior management team working at group level including regional managers. The regional manager covering the Roscommon area supported the person in charge with the inspection on the day. Fire and estates are also managed at group level and the estates team had been involved in a number of the changes to the premises that were underway on the day of the inspection. This arrangement required some review as the person in charge did not have a clear time frame for some of the works that were ongoing in the centre. For example changes to the bathroom and laundry area were underway however works in one communal bathroom were unfinished and the person in charge was not able to tell the inspectors when the bathroom would be available for residents to use. Furthermore the works completed at the time were of a poor standard.

The management team in the centre is made up of the person in charge, the assistant director of nursing and two clinical nurse managers (CNM). Rosters and management meetings showed that the clinical management and leadership team was depleted when the assistant director of nursing and the CNM were required to work on the units as staff nurses to cover for vacant nursing posts that had not been filled since August 2023. Records showed that the provider was recruiting to these vacancies but only one nursing post had been filled at the time of the inspection. In spite of the difficulties posed by these ongoing vacancies the management team worked well together and it was clear that the centre was well

run on a day to day basis for the benefit of the residents.

Staff were clear about their roles and the standards that were expected of them in their work. Staff said they were well supported and that they had good access to training and updates. Staff demonstrated appropriate knowledge and skills in their day to day work. There were established recruitment processes in place and all staff had Garda vetting in place before they started working in the centre.

The provider had a range of audit and quality assurance systems in place. These included a daily walkabout by a member of the management and leadership team however there was no record of these daily checks available for review. Audits that were reviewed included key areas such as falls, incidents, antimicrobial stewardship, concerns and complaints. Weekly management reports were compiled and made available to the provider's senior management team. Audits reviewed had action plans with time frames for completion. However the providers own processes had not identified a number of risks and non compliances in relation to the premises and infection prevention and control that were identified on this inspection.

The provider had processes in place to ensure resident's feedback was recorded and used to inform the quality improvement plan. The annual review for 2023 was being completed at the time of the inspection. Resident questionnaires had been used to inform the review. There were clear procedures in place to support residents and their families to make a complaint.

Regulation 14: Persons in charge

There was a person in charge in post who is an experienced nurse and who has the required management qualifications. The person in charge facilitated the inspection and was well known to residents and to staff.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to carry out their roles. Both planned and worked rosters were reviewed and records showed that staffing levels were maintained in all departments. Gaps on the rosters were covered by the centres own staff working additional hours. Whilst this arrangement ensured that rosters were filled it was not a sustainable model to manage longer term absences. This finding is addressed under Regulation 23.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, moving and handling and fire safety. Refresher training was available to ensure staff maintained their training requirements. As a result staff demonstrated appropriate knowledge and skills in their work.

Some improvements were required in relation to the oversight of fire safety training for new staff. This is addressed under Regulation 23.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2,3, and 4 were stored securely and were accessible for inspectors on this inspection. Additional archive record storage rooms had been created following the last inspection. These were locked and access to the records was managed by the person in charge. Access to staff and current resident records was also secure and managed effectively.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider was in breach of Condition 1 of their registration as they had changed the use and function of a number of rooms identified on their floor plans and in the statement of purpose. An application to vary Condition 1 of the designated centre's registration had not been submitted to the Chief Inspector prior to this inspection, however the provider submitted an application to vary Condition 1 of the registration post inspection.

The provider had not resourced the clinical team as set out in the centre's statement of purpose. The statement of purpose committed to providing 11 nurses and the roster showed there were 7 nurses working in the centre. This meant that the assistant director of nursing was working on the units as a nurse on most days and was not available to carry out their role to supervise staff and support the person in charge with clinical audits and oversight of care.

Records showed that the provider had appointed to one of the four nursing vacancies but the other three vacancies were not filled. Management records in September and October 2023 and in February 2024 recorded this as an ongoing issue in the centre and reported that "managers were assigned to assist with direct care".

The oversight system of key areas such as premises and infection prevention and control was not robust and did not ensure that standards were maintained. The findings in relation to premises are set out under Regulation 17 and the findings in relation to infection prevention and control are set out under Regulation 27.

The changes to the communal bathroom and the laundry rooms were not effectively managed to ensure they brought about positive changes for residents. There was no clear schedule for these works to be completed and there was no method statement available to show how any risks associated with the works were being managed. Furthermore the standard of works that had been completed on the day of the inspection did not ensure residents would have access to improved communal bathing facilities and a better laundry service. In addition there was no evidence that these works had been discussed with residents before they commenced.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of resident's contracts for care. The contracts were signed however although the documents recorded each resident's room occupancy they did not record each resident's room number. Furthermore one contract had not been updated to include the reduction in fees due for pharmacy supplies.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had an up to date statement of purpose in place that included the information set out in Schedule 1 of the regulations. Some amendments were required to the document which were made following the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents set out in Schedule 4 of the regulations were notified to the Chief Inspector within three working days. The person in charge submitted the quarterly notification reports to the chief inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a comprehensive complaints policy in place that had been updated with the changes to the legislation introduced in March 2023.

There had been one formal complaint since the last inspection and records showed that this had been followed up and investigated. Some of the issues raised in the complaint had been upheld following the provider's investigation and the provider had acknowledged this in their written responses to the complainant. Learning from the complaint had identified where improvements were required and these were being implemented in the centre at the time of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies were available in the centre. These had recently been changed to electronic records however paper copies of the policies were available in the person in charge office. A number of the hard copy policies required updating and had not been removed circulation. This was addressed following the inspection and updated copies of these policies were made available to the inspectors.

Judgment: Compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider failed to submit an application to vary the condition 1 of their registration under section 52 of the Health Act 2007. As discussed under Regulation 17: Premises, a number of alterations had been made to the function and use of a number of rooms in the designated centre by the registered provider, without submitting the required documentation on the proposed changes to the Chief Inspector prior to these changes been made.

Judgment: Not compliant

Quality and safety

Overall residents received a high standard of nursing and medical care to meet their assessed needs. There was a commitment in delivering person centred care with residents supported to maintain their independence, their self care abilities and to lead a full life. Although the provider has made significant improvements in the standards of care provided, this inspection also found that actions were required to bring the centre back into compliance with Regulation 17: Premises and Regulation 27: Infection control. The findings under these regulation are recurring non-compliance's and were identified on the last two inspections. Significant focus is now required on behalf of the provider to address the findings of this inspection, in order to ensure that the services provided are safe and appropriate for the assessed needs of the residents.

Inspectors found that there were sustained improvements found in the management of residents' care records and in the development of person centred care plans. Care interventions were specific to the individual concerned and were updated as and when residents needs changed or on a four monthly basis in line with the regulations. There was evidence of family involvement when residents were unable to participate fully in the care planning process. The narrative in residents progress notes was comprehensive and related directly to the agreed care plan interventions.

Residents had good access to a range of medical and health care supports. The general practitioner attended the centre on a regular basis and there were out of hour arrangements in place for medical cover. Access to allied health care such as dietitian, speech and language services were in place and resident medical records confirmed that residents were in receipt of these services. The provider had robust arrangements in place for regular clinical review of resident health care needs. All nurses were found to have completed medication management training. The provider was working towards expanding the role of the pharmacist to provide additional quality assurance support in the management of medication.

There were regular resident meetings occurring in this centre which were well documented and provided residents with the opportunity to give feedback on the service provided. These meetings covered a range of topics that were important to residents and included items such as catering, activities, outings, fire drills, complaints and service improvement ideas. Residents told inspectors they enjoyed the activities provided and the visits from their loved ones.

There were improved processes in place for residents and family members who wished to deposit small amounts of monies for day to day expenditure. These arrangements ensured that residents monies were secure, were monitored on a regular basis and were available for residents throughout the week. The provider did not act as a pension agent for any residents living in the designated centre. Staff

were familiar with policies and procedures in place to protect residents from harm and had attended safeguarding training on a regular basis.

Despite having policies and procedures in place to prevent the spread of infection in the centre, current practices regarding the storage of clinical and non clinical items in the same location had increased the risk of cross contamination in the designated centre. Oversight of infection prevention and control measures was found to be ineffective despite being subject to regular audit and review at governance meetings.

The provider was found to have made a number of changes to the layout of the designated centre without informing the Chief Inspector. While, it is acknowledged that the provider was attempting to improve storage and laundry facilities in the centre, the current arrangements meant that residents did not have access to appropriate communal bathing facilities. Furthermore, a number of communal toilets in the centre were inaccessible for residents using mobility equipment due to their limited size. This meant that a small number of residents attending communal rooms and who required the use of a toilet would have a substantial distance to travel to accessing the ensuite toilet facilities in their own bedroom.

The provider had reviewed their contingency plan following a recent storm which impacted on the centre's generator. Measures were identified to improve current maintenance arrangements so that the generator would be able to power the centre should another adverse weather event occur.

Regulation 10: Communication difficulties

Residents who were assessed as having a communication need were provided with the required levels of support to be able to communicate effectively. For example,

- Residents who had difficulty with their hearing had care plans in place to ensure that their hearing aids were well maintained.
- Some residents preferred to use a whiteboard as a means of communication. Observations confirmed whiteboards were available for residents who found it easier to communicate using this method.

There was an awareness that residents communication needs may change throughout the day. Care plans developed with residents who experienced neurological disorders identified that these residents required varying degrees of support to help them communicate, for example residents who had a diagnosis of Parkinson's disease required more support in the morning than later in the day.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had improved facilities for residents to be able to store securely, personal items in their rooms. A review of lockable facilities had been carried out by the provider and lockable units were now in place in resident rooms. Residents had access to sufficient storage space to be able to store and access their personal belongings.

The provider had reviewed their internal processes in assisting a number of residents manage finances in the centre. Amended arrangements had a positive impact on the safe storage of residents finances.

The provider had recently changed arrangements for the management of laundry support in the centre. The laundering of linen and residents laundry had been outsourced and the provider was reviewing these arrangements at the time of the inspection.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed confirmed that residents and or their family members were consulted in relation to creating a care plan that was consistent with the residents end of life wishes. Treatment and care preferences were clearly documented in the care plans reviewed. There was access to palliative care services to support residents who were at end of life. Records relating to resuscitation and not for resuscitation were maintained by the provider and reviewed on a regular basis.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out under Schedule 6 of the regulations:

- The floor in the oratory area was damaged and required repair.
- The cleaners room did not contain a sink.
- The flooring in the chemical store required replacement.
- Communal toilets were not accessible for residents using mobility equipment.
- The laundry room was not fit for purpose.

The provider was in the process of changing the function and layout of some rooms in the designated centre. The bathroom was being relocated to a laundry room and the laundry to what had previously been a communal bathroom. Two decommissioned toilet/shower rooms had been re purposed as record store rooms. The inspector found that these works were not being well managed and were having a negative impact on the service provided. For example there was no communal bathroom available for residents to use and no clear time frame for a comfortable accessible bathroom to be available.

In addition the provider had not ensured that there were smoke detectors in the newly created record store rooms. These rooms had previously been bathing facilities and as such were vented into the ceiling space which further increased the risk if a fire occurred in one of them.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy was reviewed in August 2022 and contained all of the requirements set out under Regulation 26(1). Risk assessments were maintained by the provider to mitigate identified risks and included control measures to minimise or eliminate the risk present.

There was a local risk register which was kept under review however there were risks identified on this inspection which were not well managed and are discussed in more detail under infection control and premises.

Judgment: Compliant

Regulation 27: Infection control

While some improvements had been made since the previous inspection, the inspector found that further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018), For example:

- There was a lack of clinical hand wash sinks available in the designate centre.
- There was potential of cross contamination of clean and soiled linen in the new laundry room.
- A number of items used for cleaning the centre such as a vacuum cleaner and a cleaning machine were stored in the sluice room.
- There was no clinical waste bin available in a sluice room.

- The system for verifying that equipment used to care for residents was cleaned in between resident use was ineffective.
- There was a fault on the sluice machine.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Oversight of the care planning process had improved since the last inspection and a review of several resident care plans confirmed that each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspector reviewed a sample of residents' care documentation and found the following;

- There were activity care plans in place which were developed in conjunction with the resident and identified activities that were of interest to the individual resident.
- A resident who had a multi-drug resistant infection had a care plan in place to direct staff how to provide appropriate care interventions that ensured effective infection prevention and control measures were in place.
- Safeguarding care plans were in place to protect residents who presented with a high level of care needs.
- Care plans to manage wound care provided clear guidance on how to care for wounds effectively and incorporated guidance from the tissue viability nursing service.
- Records reviewed also confirmed that care plans were completed for residents within 48hrs of their arrival in line with the regulations. Where residents were unable to fully engage in this process then relevant family were consulted.

Judgment: Compliant

Regulation 6: Health care

A review of residents medical and care records confirmed that residents were provided with appropriate evidence based healthcare. Residents had good access to their general practitioners (GP) and to other health and social care professionals as required. Residents who required support with their mental health needs had timely access to community psychiatric services. There were arrangements in place for

residents to access palliative care services when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records show that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. Alternatives to restrictive practices were trialled. There was a restrictive practice register in place which was kept under review by the clinical team.

Staff who spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. Staff were knowledgeable on the triggers that may cause residents distress or anxiety and were able to use de-escalation techniques to protect residents from harm. Referrals were made to specialist services for advice as and when required.

Judgment: Compliant

Regulation 8: Protection

The Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. A safeguarding policy was maintained which guided staff on the measures to take to ensure residents were protected from harm.

Safeguarding training was up to date for staff. Residents stated that they felt safe in the centre and that they could approach any staff member if they had a concern. Staff working in the centre had a Garda Vetting disclosure in place prior to taking up employment.

Residents who required additional measures to ensure their safety and well-being had safeguarding care plans in place to protect them from harm.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had dedicated staff responsible for the provision of activities. There were

suitable facilities available for residents to engage in recreational and occupational opportunities. Resident meetings were held on a regular basis. There was an independent advocacy service available in the centre.

There were two shared rooms in the designated centre. These rooms were well laid out and arranged so that residents could follow their own routines without impacting on the other resident in that room.

Residents had access to radio, television and newspapers and were supported to exercise their political and religious rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not 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	Compliant

Compliance Plan for Sonas Nursing Home Innis Ree OSV-0000350

Inspection ID: MON-0041297

Date of inspection: 24/01/2024

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An application to vary Condition 1 of the designated centres registration was submitted to the Chief Inspector following the inspection.</p> <p>Remedial work on the communal bathroom will be completed by the 12/04/24.</p> <p>A review of communal toilets in the centre will be undertaken by our architect with the view of improving access for residents using mobility equipment.</p> <p>The laundry service for the residents has been enhanced by outsourcing this service to an experienced service provider. The residents and their nominated support persons have been informed about this service and feedback so far has been positive.</p> <p>The full compliment of nursing staff is now in place and the management team are rostered “supernumerary” to the nursing roster.</p> <p>The Director of Operations has been onsite to work with the team on enhancing their processes in terms of IPC and environmental supervision.</p> <p>The Director of Facilities and Business Development has been onsite in order to oversee the premises works and ensure that these are completed in a coordinated manner and to a high standard.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts for the provision of services have been reviewed and are up-to-date.</p>	

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>An application to vary Condition 1 of the designated centre's registration was submitted to the Chief Inspector following the inspection.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Continuous improvement works are ongoing throughout the facility in line with our capital expenditure.</p> <ul style="list-style-type: none"> • The floor in the oratory area will be repaired and is budgetted for in the 2024 Capex Budget. • A sink will be installed in the cleaners room. • The flooring in the chemical store will be replaced. • A review of communal toilets in the centre will be undertaken by our architect with the view of improving access for residents using mobility equipment. • Work on the communal bathroom will be completed by the 12/04/24. • Smoke detectors in the newly created record store rooms have been installed and linked to the fire panel. The vents in the archive store are vented into metal ducting in the fire compartment above and externally vented through the roof. <p>The Director of Facilities and Business Development has been onsite in order to oversee the premises works and ensure that these are completed in a coordinated manner and to a high standard.</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Clinical hand wash sinks are being installed under the 2024 capex budget.
- The new laundry room is designated for soiled laundry only and this will prevent the risk of cross contamination between clean and soiled linen.
- There is now a clinical waste bin in the sluice room.
- A decontamination checklist is now in place for equipment.
- The bedpan washer machine in the sluice has now been service and repaired.
- Cleaning equipment is no longer stored in the sluice room.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	12/02/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation	Substantially Compliant	Yellow	30/05/2024

	3.			
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	30/05/2024
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	30/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the	Substantially Compliant	Yellow	25/03/2024

	resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	25/03/2024
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	30/03/2024