



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Cloverhill
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lisagallan, Cloverhill, Roscommon
Type of inspection:	Unannounced
Date of inspection:	12 October 2020
Centre ID:	OSV-0000384
Fieldwork ID:	MON-0030538

About the designated centre

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

Sonas Nursing Home Cloverhill is a 53 bed purpose-built facility combining care and a home environment for those no longer able to live alone. A full spectrum of individualised care is available for residents. Residents can avail of gardens, sitting rooms, TV lounge and activity room. It is situated in a rural area approximately two miles from Roscommon town. The centre's statement of purpose, states that Sonas Nursing Home offers long term care for residents with chronic illness, mental health illness including Dementia type illness and End of Life Care in conjunction with the local Palliative Care Team. The centre comprises three different care areas each with its own sitting and dining areas. There are enclosed accessible gardens available and ample parking is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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 12 October 2020	08:30hrs to 17:00hrs	Catherine Sweeney	Lead
Monday 12 October 2020	08:00hrs to 17:00hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

Residents were observed spending time in the communal areas of the centre. A conservatory, a quite relaxation room, two day rooms and an oratory provided ample space for safe social distancing. Inspectors observed that although the social distancing impacted on the residents ability to interact with each other, a relaxing and communal atmosphere was facilitated through staff interaction and listening to the radio and television.

Despite the on-going restrictions necessitated by COVID-19 many residents told inspectors that they enjoyed life in the centre and that they were well looked after. A number of residents told inspectors that they spent their day by reading, knitting and doing word searches, but that they were looking forward to 'when things can go back to normal'.

However some residents described being bored and finding the days long with one resident observed to spend the day sitting in their room looking at the wall, only emerging from the room for meals and to go outdoors for planned cigarette breaks. This resident, while praising staff, articulated their frustration with life in a nursing home and repeatedly expressed the wish to go home. Another gentleman also spoke to spending all day in his room listening to music as he "had no interest" in the activities on offer in the centre.

Staff interaction with the residents was observed to be respectful and kind.

Capacity and capability

This was an unannounced inspection by inspectors of social services.

Inspectors followed up on information received by the Chief Inspector in relation to communication and visiting. The findings of this inspection did not substantiate the information received.

The findings of this inspection was that action was required to ensure that progress was made in addressing outstanding issues.

There were 36 residents in the centre on the day of the inspection. Three single bedrooms had been set aside for storage and the seven twin rooms were used as single rooms during the period of the COVID-19 pandemic. There were four vacant single bedrooms in the centre available for admission. The centre was organised into two zones for the purpose of infection prevention and control.

The provider had committed to improving the governance of the centre and to strengthening the management structures in place. To this end, a regional manager had been recruited with responsibility for four centres owned by the provider. This post holder worked in conjunction with the quality and governance coordinator.

In addition, the provider had committed to recruiting additional staff. The findings of this inspection were that the provider had recruited additional nursing staff in line with the requirements of the assessed needs of the residents, the size and layout of the centre and the contingency plan in place to prevent and control a further outbreak of COVID-19. In total, two nurses and four health care assistants were recruited and the baseline staffing of the centre as set out in the statement of purpose was now increased.

However, there was still insufficient numbers of cleaning staff to ensure that both zones of the centre was consistently cleaned to the standard required under the 2018 National Standards for Infection prevention and control in community services and the Health Protection and Surveillance Centre (HPSC) Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Residential Care Facilities and Similar Units. A plan to increase the hours required for cleaning the centre was discussed with the registered provider on the day of the inspection. The provider confirmed that a recruitment process for additional cleaning staff was on-going.

A review of the staff training records found that records were poorly documented and difficult to review. There was a training matrix available which identified the mandatory training for all staff. Training had been provided to nurses in relation to care planning and improvements were noted in this area. There was evidence that staff had received training in infection prevention and control and the management of COVID-19 infection however, there continued to be some gaps in the training of newly recruited staff.

Inspectors found the management of complaints was in compliance with regulation 34.

Overall, the findings of this inspection was that non-compliance's were found in

- Governance and management
- Infection prevention and control
- Residents rights

Regulation 15: Staffing

The centre did not have the numbers of cleaning staff available to implement the centre's infection control contingency plan for COVID-19 or to maintain the cleanliness of the centre to the required standard.

Information submitted following the inspection proposed to use multi-task assistants

(MTA) to work in the areas of laundry, cleaning and the kitchen. The use of MTA's were not identified on rosters or the centre's statement of purpose and there was no job description for this role available. This plan was also contrary to the centre's COVID-19 contingency plan which stated that, in the event of an outbreak, staff would not share roles.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The centre's training record identified some gaps in the training of staff. For example, newly recruited staff had not completed the appropriate training in infection control.

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. Staff in the centre, who had worked through the outbreak of COVID-19, reported enhanced levels of support from the provider with a representative of the provider visiting and entering the centre at least once weekly to engage with the team on the ground.

The provider's oversight of, and support to the centre had been strengthened with the addition of a regional manager who was in the centre on the day of the inspection. A new person in charge was also in place in the centre and staff expressed confidence that the new systems in place would assist this role greatly.

Inspectors observed that the management systems in place required further review as follows:

- A scheduled plan of audits was in place up to December 2020 and available for review, however, the audits scheduled and those completed did not reflect the identified quality improvement needs of the centre. For example, the centre endured an outbreak of COVID-19 during May 2020. A review of the schedule of audits found that the next infection control audit was not scheduled until Jan 2021.
- A nutritional audit completed in June 2020 contained a summary of findings and key recommendations. There was no evidence of an action plan to address these findings or that the audit would be repeated or reviewed. In contrast, with little evidence to suggest quality issues in relation to the food service in the centre, a comprehensive and detailed catering audit was

completed in July 2020.

- Inspectors reviewed the management meeting notes. One management meeting had been held and documented in September 2020. The meeting notes documented a comprehensive review of the service and an appropriate time-bound action plan. However, a review of the staff meetings held with other departments in the centre were poorly documented and it was difficult to identify if any action plans had been developed and reviewed. For example, a meeting with health care assistants to discuss protocols in relation to Infection control including COVID-19 was documented but not dated.
- The environmental audit in the centre did not identify potential risks observed by the inspectors on the day of inspection. For example,
 - a system in place to use adapted plastic bottles as refillable hand hygiene gel dispensers was not in line with best practice.
 - a disused open pipe in the laundry room led to the exterior of the building
 - a broken radiator cover was not identified as requiring repair

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints log found that complaints were logged and investigated in line with the requirements of regulation 34.

Judgment: Compliant

Quality and safety

The centre had an outbreak of COVID-19 in May 2020. On the day of this inspection there were no positive or suspected cases of COVID-19 in the centre.

Personal protective equipment (PPE) was stored appropriately and storage areas within the centre were well organised and clutter free.

The centre was cohorted into two distinct zones with staff and residents allocated to a zone. This was to ensure that in the event of another outbreak, the number of residents or staff that would be affected would be reduced. It was also intended to effect timely cohorting and isolation in line with national guidelines in the event of another outbreak. On the day of the inspection staff and residents were fully aware and supportive of the need for the two distinct zones and understood the rationale behind it.

Inspectors found inconsistencies in the practice of donning and doffing PPE when

staff moved from one zone to another. In addition, there was no clear rationale for the need for donning and doffing as there were no residents in the centre who were COVID-19 positive and inspectors were concerned that staff who had donned and doffed prior to crossing zones then moved freely from one area to another without changing that PPE. The managers in the centre were advised to seek infection prevention and control advice in relation to the practice as inspectors were concerned that it spoke to a need for greater understanding of the use of PPE.

Inspectors requested a copy of the systems used by the centre to record and monitor previous COVID-19 infection among the residents currently accommodated, and the staff working there. There were no such records available. This was concerning because in the absence of such records, it was not clear how the person in charge and the regional manager, both of whom were new to the centre since the last outbreak, would have the knowledge required to respond in the event another outbreak. Specifically, this knowledge might be needed in the event of a second outbreak to inform

- retesting of residents and staff in the event of another outbreak
- cohorting of residents
- allocation of staff to care of residents found to be positive for COVID-19

Visiting in the centre was restricted due to the on-going COVID-19 pandemic. Visiting was facilitated in line with the HPSC COVID-19 Guidance on visitations to long term care facilities. The centre had adapted the library with a visiting booth to facilitate safe visiting during this period.

Inspectors found satisfactory communication with residents and families. Residents and families received monthly updates in relation to any developments in the COVID-19 guidelines and visiting restrictions through text and email. Individual communication with families was recorded on each residents electronic nursing record.

Inspectors reviewed a sample of residents assessment and care plans and found a satisfactory level of compliance . Each resident had a comprehensive assessment completed. The assessments guided the development of the care plans which incorporated the social, psychological and physical well-being of the residents. The care plans contained person-centred detail. 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). Support from allied health care professionals was also clearly evidenced in the residents nursing documentation.

A number of residents meetings had been held with small groups of residents. Issues such as the provision of activities and the COVID-19 restrictions were discussed. However, it was not clear if actions from the meetings had been completed. For example, a resident had requested more walks during the day, but this was not reflected in their care plan.

The provider had yet to complete a resident survey and associated actions, as

previously committed to.

Although the centre had a full-time activities coordinator, the COVID-19 restrictions in place meant that this person only worked in one zone of the centre each week. This meant that although there was some provision for activities delivered by the care assistants, residents had restricted access to organised activities. There was no clear rationale underpinning this staffing allocation.

A review of the residents files found that while some residents with complex health and social needs had detailed care plans in place, they had not been referred to an advocacy or social support service to ensure that the care plan reflected the wishes of the resident.

Residents had enjoyed a number of socially distance events throughout the summer months such as outdoor musicians and garden parties.

Regulation 11: Visits

Visiting was facilitated in line with the Health Protection Surveillance Centre (HPSC) COVID-19 Guidance on visits to long term residential care facilities.

Judgment: Compliant

Regulation 27: Infection control

The centre had an updated COVID-19 contingency plan in place to prepare for a second out break. The contingency plan lacked clarity and detail. The cohorting arrangements for residents in the contingency plan is poorly described and would not guide staff to safely cohort residents in the event of a second outbreak. There was no up-to-date staff register in place that identified and tracked the staff's COVID-19 exposure, to enable safe allocation to cohorted areas.

The centre's COVID-19 contingency plan identified an action to review the use of multi-task attendants (MTA) in the centre. The contingency plan states that staff would not share any roles. However, a review of the rosters found that staff were sharing kitchen and laundry duties. Care assistants were also attending to cleaning duties. This practice was confirmed by the management team on the day of inspection.

One staff member was observed wearing nail polish and jewellery which would mitigate against good hand hygiene.

One staff member was observed leaving the centre after night duty wearing her uniform which appeared to be an accepted practice as a senior member of staff

explained that she was returning to accommodation on the grounds of the centre. This spoke to a lack of understanding of the rationale as to why staff should not wear uniforms to or from work.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment and person-centred care plan was in place for all residents.

Judgment: Compliant

Regulation 6: Health care

The provider had arranged for each resident to be reviewed by their General practitioner (GP).

Residents had access to allied health care professionals such as physiotherapy, dietitian, and speech and language therapists. The centre was also supported by psychiatry of later life and palliative care services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had restricted access to an activity schedule and social engagement due to the allocation of social care staff.

A review of the residents files found that while some residents with complex health and social needs had appropriate and detailed care plans in place, they had not been referred to an advocacy service to ensure that the resident wishes were reflected in their care plan.

Inspectors were concerned that the continued accommodation of one resident in the centre required immediate review and referral to a multidisciplinary team to include a social worker to ensure their care plan was informed by a rights based approach to care. In the event that following such a review, this resident was to continue to live in the centre, then the provider must ensure that a bespoke plan of care be put in place to meet the needs of this resident.

Prior to the inspection, the provider had informed the Chief Inspector that a resident survey had been completed as part of consultation with residents to get their views about the centre and to use the feedback to inform decisions about the centre. During the inspection, inspectors requested a copy of this survey and found that only some of the 36 residents living in the centre had been surveyed. Inspectors found that the quality of the survey was poor, and there was no evidence of any analysis of the information collected. The provider confirmed to inspectors that the planned resident survey had not been completed.

Judgment: Not 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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Cloverhill OSV-0000384

Inspection ID: MON-0030538

Date of inspection: 12/10/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We wish to assure the Chief Inspector and the Inspectors that our Centre's job description for a Multitask Attendant (MTA) is given to all MTAs and signed off before they commence employment in our Centre and this action was/has been duly completed.</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations</p>	
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 inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The Provider has reviewed matters following the Inspection. There is active engagement with SAGE advocacy services for all residents.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

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 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.	Substantially Compliant	Yellow	30/11/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/11/2020
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	20/12/2020

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	30/11/2020
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	30/11/2020
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/11/2020
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Substantially Compliant	Yellow	30/11/2020