Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Belmullet
Name of provider:	Storey Broe Nursing Service Limited
Address of centre:	Tallagh Road, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	06 January 2023
Centre ID:	OSV-0005589
Fieldwork ID:	MON-0037325

About the designated centre

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

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39

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
Friday 6 January 2023	09:00hrs to 17:00hrs	Rachel Seoighthe	Lead
Friday 6 January 2023	09:00hrs to 17:00hrs	Leanne Crowe	Support

What residents told us and what inspectors observed

From what residents said and from what inspectors observed, residents were generally content living in the designated centre. While residents spoken with expressed satisfaction with the service, inspectors identified non-compliances that had the potential to impact residents' quality of life, such as governance and management, residents' rights, health care, staffing and training and development.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. Inspectors observed the same process being implemented with visitors throughout the day.

An opening meeting was held with various members of the management team. After this meeting, the inspectors were guided on a tour of the premises. Bedroom accommodation comprised single and double rooms with en-suite facilities. Residents' bedrooms were personalised with pictures, soft furnishings and ornaments. There was access to television and call bells in all bedrooms. Handrails were in place in on both sides of all corridors. The inspectors observed that a number of areas required repair and maintenance, these findings are described in more detail under Regulation 17, Premises.

Inspectors spoke with 8 residents throughout the day of the inspection. Inspectors also observed some residents that were unable to communicate verbally but expressed themselves and interacted with their environment in many different ways.

Inspectors observed a number of sitting rooms which were spacious and tastefully decorated. These rooms were in constant use by residents throughout the day of the inspection. The dining area was clean and well-designed to meet the needs of the residents. There were a number of designated storage rooms in the centre, however inspectors observed that items were not segregated and stored appropriately to ensure that good standards for infection prevention and control were maintained.

On the day of the inspection, the inspectors found that there was limited opportunities for residents to participate in activities. This had also been identified at the last inspection. Additionally, inspectors noted some practices that did not support residents' rights in relation to privacy and to freedom of movement around the centre. For example, residents' access to the dining room was restricted at particular periods to facilitate staff dining, despite dedicated staff facilities being available in the centre. Inspectors were informed that this was because the staff facilities were now also being used for storage of staff clothing and other items. The dining room doors were also locked during mealtimes, resulting in residents relying on staff to unlock the door to let them leave the room when they had finished their meal. The person in charge stated that this restrictive practice was in place to

prevent visitors from interrupting mealtimes, however inspectors were not assured that the level of this restriction was appropriate and that more appropriate methods had been considered to ensure that visitors did n ot interrupt residents at meal times. In addition inspectors observed that residents who required a specialist diet had their meals served on coloured plates whilst normal diets were served on white plates. The reason for this practice could not be explained to the inspectors. This practice did not ensure the privacy and dignity of those residents with specialist dietary needs.

Inspectors observed that staff wore face masks appropriately during the provision of direct care to residents. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along all corridors for staff use.

Visiting was being facilitated in line with the most current guidelines at the time of the inspection. Visitors were observed meeting with the residents in their bedrooms and communal areas.

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

Capacity and capability

Overall, the findings of this inspection indicated that more focus and resources were now required to bring the centre into full compliance with the regulations and to ensure that any improvements that had been made were sustained. While the provider had governance structures in place they were not being used to promote effective oversight of the quality and safety of care and services. In addition, a number of risks identified by the inspectors had not been identified by the provider and as a result the provider had not implemented the actions required to mitigate those risks.

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended).The centre was last inspected in June 2022, and a planned change of person in charge occurred shortly after that inspection. The centre's current person in charge commenced in the role in June 2022. During the service's previous inspection in June 2022, a number of non-compliances had been identified. The compliance plan submitted by the provider to address these findings was reviewed at this inspection to determine whether all actions had been completed within the time frames given by the provider. The inspectors found that a small number of the actions were completed but a number of actions remained outstanding. These actions were in relation to staffing, governance and management, infection prevention and control, residents' rights and premises. Furthermore this inspection found additional areas of non-compliance were identified in relation the management of complaints, health care

and records.

The registered provider for this designated centre is Storey Broe Nursing Services Limited. There was a clearly defined management structure in place. The management team consists of the person in charge and a clinical nurse manager (CNM) who oversees the work of a team of nurses, health care assistants, activity co-ordinators and housekeeping, catering and administrative staff. Additional governance support was provided by the director of quality and governance, who was appointed as a person participating in management (PPIM) to the designated centre by the provider. The director of quality and governance is a member of the provider's senior management team and is not based in the designated centre who receives regular management reports from the person in charge and who is available by telephone if needed**.**

The provider had a comprehensive quality assurance system in place however this was not providing effective oversight in a number of areas and as a result inspectors found repeated non-compliances on this inspection. There was an audit schedule and inspectors reviewed a sample of the audits that had been completed and found a high level of compliance had been found in areas such as medicines management and infection control. In addition to the audits there were regular management meetings at local and senior management level, with records of these being made available for review. However, inspectors were not assured that information collected through these monitoring systems was being communicated to the relevant staff and managers so that improvement actions could be implemented. For example, one action recorded following a management meeting in August 2022 was to de-clutter and organise the storage room on the first floor**.** This had been identified by inspectors in June 2022 and this action had not been progressed in January 2023. In addition,the systems in place to identify and manage risk were not effective. For example, the risks found on the day of inspection in relation to infection prevention and control, as detailed under Regulation 27 ,had not been identified and managed.

The inspectors were informed that the provider had an ongoing recruitment programme in place. At the time of this inspection, the complement of nursing and health care assistant staff were consistent with the statement of purpose submitted in November 2022**.** However, a post for a maintenance person had been vacant since September 2022, with this role being carried out on a part-time basis by rotating staff from two other designated centres.

A review of the training records confirmed that all that staff had good access to mandatory and professional training, however the supervision of house-keeping staff required improvement. Inspectors found that although cleaning schedules had been signed by cleaning staff to confirm that an area had been cleaned, inspectors found that not all areas signed off on the cleaning schedule had been cleaned and some of these areas were visibly dirty. For example, records for bedroom 11 had been signed to confirm that the bedroom had been cleaned on January 4th. However on the day of the inspection, the inspectors observed that this bedroom was visibly unclean. Furthermore, a review of rosters showed that there were no house-keeping

staff rostered for duty on January 4th.

Inspectors reviewed a sample of complaints that had been received since the previous inspection. Inspectors found that complaints management was not in line with regulatory requirements or the centre's own complaints policy. For example, some documentation did not detail the investigation that had been carried out to address the issues raised by the complainant.

The provider had arrangements for recording accidents and incidents involving residents in the centre and notifications were submitted as required by the regulations.

The inspectors reviewed a sample of staff personnel files and found that they contained all the information as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre. The provider was not an agent for any residents' social welfare pensions.

Regulation 15: Staffing

There were not sufficient staff on duty for the 39 residents that were accommodated in the designated centre on the day of the inspection to ensure that residents received care and support in line with their needs and preferences for care and daily routines. This was evidenced by the number of residents who did not have access to meaningful activities on the day of the inspection. This is a repeated finding from the previous inspection.

There were insufficient house-keeping staff resources to maintain the cleanliness of the centre given the size and layout of the centre. This was evidenced by;

- Records which showed that bedroom deep cleaning had not been completed since October 2022.
- Records which showed that a deep clean of general areas was not completed in November 2022.
- There was no house-keeping staff rostered for the 4th of January 2023.

The provider had identified the requirement for one staff member to be rostered daily to complete maintenance of the centre in accordance with the statement of purpose and function. However, the inspectors found that this post had been vacant since September 2022.

Judgment: Not compliant

Regulation 16: Training and staff development

Supervision of staff was not robust in the following areas:

- The cleaning records did not provide assurance that the cleaning in some areas was completed to the required standard, as evidenced by gaps in deep cleaning and equipment cleaning records
- Cleaning and infection prevention and control practices were not completed to the required standards, as evidenced by inadequate cleaning of a number of rooms and poor management of clinical waste.
- The administration of medicines was not completed in accordance with professional standards at all times.

Judgment: Substantially compliant

Regulation 21: Records

Records which contained resident information were being stored in a room on the first floor, which was adjacent to staff accommodation. On the day of the inspection, this door was not locked. Inspectors requested that action was taken immediately to secure the records, which was completed by the person in charge by the conclusion of the inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

A current insurance contract was in place that had an appropriate level of insurance covering injury to residents and their property.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that the staffing resource was adequate to provide care and services in line with the centre's statement of purpose. This was repeated non compliance from the previous inspection in 2022.

The management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not effective .This was impacting on clinical effectiveness and on the residents' quality of life. This was

evidenced by:

- There were disparities between the high levels of compliance reported in a number of the centre's own audits and the inspectors' findings in these areas of service during the inspection.
- The repeated non-compliances found on this inspection that had not been completed in line with provider's compliance plan submitted following the June 2022 inspection.

Risk were not identified and managed effectively. This was evidenced by;

- Risk associated with restricted access to some allied health services had not been managed.
- Risk relating to the storage of resident records in an unsecured room in the centre had not been identified or managed.
- Inspectors observed the storage of safety razors in an open container on top of the linen trolleys that were easily accessible, which had the potential to cause injury to staff and staff. This is a repeated finding.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of four residents contracts for the provision of care and services. One resident had made specific arrangements to reside as the single occupant of a shared room until as single room became available, the inspectors found that those those terms were not detailed in their contract.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors reviewed a sample of complaints that had been received since the previous inspection. Inspectors found that complaints management was not in line with regulatory requirements or the centres own complaints policy. This was evidenced by;

- Several complaints records reviewed did not detail the investigation which was carried out in response to the complaint.

Judgment: Substantially compliant

Quality and safety

Residents were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, the inspectors found that improvements were required to ensure that the quality and safety of care delivered to residents was effectively managed. In particular, health care, infection prevention and control, residents' rights and premises all required action to ensure the best possible outcomes for residents.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. All staff interactions with residents observed by the inspectors were kind and caring.

The provider did not act as pension agent for any resident, but had a procedure in place for the management of residents' petty cash. The inspectors reviewed a sample of these transactions and found that they were accurate and reflected the balances, which were stored securely.

While there was a cleaning schedule in place, inspectors observed that some areas of the centre were not clean and there were gaps in the cleaning records. Inspectors observed equipment used by residents that was visibly unclean, which posed a risk of cross contamination and therefore risk of infection to residents. Inspectors found that the provider had not taken action to ensure a satisfactory standard of environmental hygiene was maintained to minimise the risk of infection. Further findings in relation to infection prevention and control are addressed under Regulation 27, Infection prevention and control.

Inspectors found that improvements were required in relation to the maintenance of the premises. Progress in relation to actions from the previous inspection was not evident on this inspection, and further non-compliances were identified in relation to the overall state of repair of the designated centre.

There was an activities programme in place however the current programme did not ensure that all residents had equal opportunities to participate in meaningful social activities and engagement in line with their preferences and abilities. This is addressed under Regulation 9: Resident's rights.

Residents had access to an independent advocacy service, information about this service was displayed in the reception area of the centre. The records of resident meetings evidenced that these meetings were convened monthly. Agenda items included Covid 19 ,visiting arrangements, meals and outings. Minutes were reviewed by the person in charge and there was evidence of action plans developed to address suggestions or concerns raised by the residents during the meetings**.** Residents had access to local and national newspapers, television and radio.

Residents who exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or

physical environment) were observed to be assisted respectfully by staff on the day of the inspection.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. It was clear that residents were offered choice in relation to the food served at mealtimes. There were sufficient staff available at mealtimes to assist residents with their meals. Any changes to residents' diets were communicated promptly to staff. Residents requiring specific, modified or fortified diets were provided with meals and snacks prepared as recommended. However inspectors noted that these meals were served in a manner that did not support residents' privacy and dignity. This is discussed under Regulation 9, Residents' Rights.

Regulation 11: Visits

Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection. Residents could meet their visitors in their bedroom or in a communal area.

Judgment: Compliant

Regulation 17: Premises

A review of the premises confirmed that the following areas were not kept in a good state of repair as required under Schedule 6 of the regulations:

- Paint was damaged or missing on a number of wall and door surfaces. This meant that these surfaces could not be effectively cleaned
- There were a number of damaged or exposed electrical socket units, for example in the treatment room
- Inspectors observed a sign on the window of bedroom 7 instructing that the window was to remain closed as it was broken. Maintenance logs reviewed showed that the window had been broken since the 7th of September 2022
- Service records for the bedpan disinfecting machine indicated that the machine was due for servicing since April 2022. As a result inspectors were not assured that the machine had been serviced in line with manufacturers guidelines**.**
- Fittings such as towel rails and toilet roll dispensers were damaged in a number resident en-suite bathrooms.

There was a lack of suitable storage space in the designated centre. This was evidenced by;

- The storage of boxes of PPE products along the corridor in one area of the

building.
- The storage of PPE in residents bedroom lockers along one area of the building.
- The storage of large comfort chairs along another corridor area, a number of which were no longer in use by residents. This is a repeated finding from the June 2022 inspection.
- The storage room on the first floor was cluttered with a variety of items including equipment and records which were not in use. The area could not be cleaned as the floor was almost completely covered. This is a repeated finding from the June 2022 inspection.

The inspectors found that a number of rooms had been reassigned for other uses which were not in line with the floor plans submitted by the Provider in November 2022.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with sufficient meals, snacks and beverages to meet their needs and preferences. Residents were supported to have choice in relation to their meals, including those with modified diets.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that some procedures were not consistent with the standards for the prevention and control of health care associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance), including:

- Inspectors found significant gaps in records of weekly equipment cleaning, and therefore could not ensure that cleaning was occurring in line with the centre's schedule.
- The hand-wash sinks in the sluice room and cleaning room did not comply with current recommended specifications.
- A hazardous waste bin was not available in the sluice room and therefore there was a risk that potentially hazardous waste would not be appropriately segregated.
- A large quantity of medical supplies were being stored in along one corridor

which meant the floor surface of this corridor could not be cleaned.
- A number of the surfaces and finishes including wood finishes on floors, skirting boards, and wardrobe doors were worn and chipped and as such did not facilitate effective cleaning.
- Some equipment used by residents was in a poor state of repair and not clean on inspection. For example, a number of shower chairs were visibly rusted and were not clean on inspection.
- Poor practices were observed in relation to the management of clinical waste for example; the disposal of clinical waste such as wound dressings, in a general waste bin in the laundry room.
- Inspectors observed that residents clothing protectors were being laundered with mop heads and cleaning cloths in a domestic washing machine, this posed a risk of cross infection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation demonstrated good knowledge of residents' individual needs, a small number of records required improvement. For example:

- While one resident's care plan had been reviewed and updated within the last six weeks, it had not been amended to reflect that the resident was no longer undergoing isolation due to a communicable disease
- There was inconsistent recording to demonstrate that residents, and where appropriate their representatives, had participated in the care plan reviews.

Judgment: Substantially compliant

Regulation 6: Health care

For the most part, residents' timely access to the range of allied health care practitioners to support their care needs was evident. However on this inspection, the inspectors identified some delays in residents' access to medical services when there was a deterioration in their condition. This was evidenced by an incident where staff had sought a medical review for a resident whose medical condition had deteriorated, but the review was not carried out until nine hours after the request was made.

Additionally, inspectors identified that action was required to ensure that evidence-based nursing care was provided at all times. For example, small amounts of medicines were not administered in line with NMBI (Nursing and Midwifery Board of

Ireland) best practice guidance for safe administration of medications.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were measures in place to support residents who exhibited responsive behaviours. The centre's management and staff promoted a restraint-free environment.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that measures were in place to protect residents from abuse. Training was provided to staff to guide them in recognising and responding to actual, alleged or suspected incidents of abuse. Safeguarding incidents were investigated and safeguarding care plans were developed where appropriate.

The provider held small sums of money for some residents and a system was in place to record any transactions conducted by or on the behalf of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had failed to provide sufficient opportunities for residents to participate in activities in accordance with their interests and capacities. This was evidenced by:

- One member of staff member was assigned to the provide activities for 39 residents who had a range of interests, capacity and preferences for meaningful activities. In addition to providing activities for 39 residents, the staff member was required to assist residents with their personal care needs and provide drinks and snacks throughout the day. This allocation of work did not ensure that all residents had sufficient opportunities to engage in meaningful activities in line with their capacities and interests
- Records of residents' participation in activities demonstrated periods of up to 14 days where a resident had not participated in any activity
- Activity records for a small number of residents indicated that some residents attended activities that did not correspond with their activity care plan, such

as religious services.

The registered provider did not ensure that residents were able to exercise choice in so far as the resident's choice did not interfere with the rights of other residents. This was evidenced by;

- Residents' access to the dining room was restricted at intervals throughout the day, as this area was being used by staff to take their breaks. Inspectors observed that during these periods the door to the dining room was locked and residents were required to knock if they wished to gain access to their dining room. This arrangement did not ensure that residents' own routines and preferences were prioritised.

Residents with specialised diets were served their meals on coloured plates. All other residents had their meals served on white ceramic plates. Inspectors spoke with catering staff, who could not evidence how this practice would benefit residents. This practice did not ensure residents' privacy and dignity. The management team advised that this practice would be discontinued as part of an upcoming quality improvement project in relation to mealtimes.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Belmullet OSV-0005589

Inspection ID: MON-0037325

Date of inspection: 06/01/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Our staffing levels are continuously reviewed when reviewing our weekly clinical KPIs and resident dependency & profile. The house-keeping staffing resources have been reviewed and sufficient staffing is in place and rostered daily. The PIC is required to submit each two-week roster to the Director of Quality & Governance for approval prior to issuing same. On the day of the inspection, the recreational therapist was on a rostered day off and an additional HCA had been rostered to replace same. An external musician had been booked for the day but had to cancel. We will be rostering activities 7 days per week from the 06/03/2023. This enhanced social and recreational roster will enable meetings with the residents and based on their feedback we will plan a comprehensive social, recreational and purposeful programme which will encompass both group and one-to-one activities. In addition to this we will continue to provide entertainment from external musicians & services. The Director of Quality & Governance will evaluate this service at the Quality & Safety meeting in March. The Director of Operations has supported the PIC with a comprehensive review of the housekeeping practices. On investigation following the inspection it was further confirmed that the deep cleans had taken place but the records had not been updated to reflect same. The deep clean schedule has been reviewed and updated and all housekeeping staff have been re-educated re. the importance of same. The daily IPC lead nurse will supervise the cleaning and countersign the records for same. The PIC will review these records weekly prior to submitting the weekly report to the Director of Quality & Governance. All members of the senior governance team will inspect these records on all home visits. There was unplanned leave on the 04/01/2023 and it is accepted that this had not been replaced. There are sufficient staff in place so that this won't happen again. Extensive recruitment was in progress for the vacant maintenance operative position and this position has now has been filled and the new operative has commenced (13/02/2023).	

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
The Director of Operations has supported the PIC with a comprehensive review of the housekeeping practices. On investigation following the inspection it was further confirmed that the deep cleans had taken place but the records had not been updated to reflect same. The deep clean schedule has been reviewed and updated and all housekeeping staff have been re-educated re. the importance of same. The daily IPC lead nurse will supervise the cleaning and countersign the records for same. The PIC will review these records weekly prior to submitting the weekly report to the Director of Quality & Governance. All members of the senior governance team will inspect these records on all home visits. Further refresher training has been scheduled for the housekeeping staff (28/02/2023). The NIC, CNM and PIC will monitor the administration of medications to ensure that it is in compliance with professional standards. Findings from the inspection have been discussed at the nurses meeting so that all learning can be discussed and shared. All nurses have completed their annual medication management module.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The door was immediately locked on the day of the inspection. The NIC of each shift ensures that this door is locked when not in use.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The staff compliment as per SOP and weekly staff planning calculation are now in place.

The annual review has been completed and this has involved a comprehensive review of all audit findings from 2022. This review has been completed by the PIC, the Director of Quality & Governance and the Executive Directors. Areas for improvement in 2023 have been objectively identified. Learning from all non-compliances and the recent inspection

will be shared with all staff at the Quality & Safety meeting in March. This meeting is chaired by the Director of Quality & Governance. The PIC will be supported by the Senior Governance Team with the 2023 audits. A new quarterly environmental audit will be conducted by the Group Maintenance Project Supervisor and the first one was completed on the 13/01/2023. The Group Maintenance Project Supervisor is also supporting with the new maintenance operatives induction.

The Director of Quality & Governance has implemented a revised onsite visit report that will be used to ensure that all aspects of the regulations are being appropriately addressed and that audits undertaken are robust and accurate.

The PIC, NIC and all members of the Senior Governance Team conduct walkarounds of the home and these are an integral and fundamental aspect of Sonas nursing homes management roles and responsibilities.

Residents in the Centre have access to all allied health professionals and referrals are made by the NIC and overseen by the CNM & PIC to ensure there are no delays in accessing same. The home also provides a physiotherapy service from its onsite physiotherapist. One resident who had been recently admitted was noted not to have been referred to ophthalmology this was due to the optician being closed for the Christmas period. The residents GPS provide telephone and onsite reviews and in addition to this an out of hours service is available. The nurses have been further guided on the escalation and referral procedures. The residents care records are remotely monitored by the Director of Quality & Governance and the PIC is required to submit a weekly report of all clinical KPIs – this ensures that all appropriate services are provided and appropriate referrals made.

The door was immediately locked on the day of the inspection. The NIC of each shift ensures that this door is locked when not in use. The Director of Quality & Governance will bring the home management team on all of her walkarounds so that for the purpose of guiding and mentoring the home management team on risk and hazard identification. Since the inspection a full review of risks and hazards has been undertaken by the Director of Quality & Governance, the provider representative and the home management team.

Safety razors are no longer stored in an open container on the linen trolley and this practice has been discussed with staff. This is monitored on the daily walkarounds.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
This contract of care has been amended.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The PIC will comprehensively complete all sections of the complaints record. All existing records have been updated. The Director of Quality & Governance will review this as part of the quarterly analysis of resident feedback (Concerns, Complaints & Compliments).

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• A painting programme is ongoing as part of our 2023 capex budget. Complete and ongoing.
• All sockets have been reviewed and repaired. The damaged data socket in the treatment room has been replaced. 30/03/2023.
• The window in bedroom 7 will be repaired 28/02/2023.
• The bedpan disinfecting machine was serviced on the 01/02/2023.
• Damaged towel rails and toilet roll dispensers in a number of resident en-suite bathrooms will be replaced. 30/03/2023.
The storage in the designated centre has been reviewed and a programme of decluttering and reorganisation of storage has been undertaken. Products and equipment will be appropriately stored and will allow cleaning of storage areas.
The floor plans and room usage are now as per SOP submitted in November 2022.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The Director of Operations has supported the PIC with a comprehensive review of the housekeeping practices. On investigation following the inspection it was further confirmed that the deep cleans had taken place but the records had not been updated to reflect same. The deep clean schedule has been reviewed and updated and all housekeeping staff have been re-educated re. the importance of same. The daily IPC

lead nurse will supervise the cleaning and countersign the records for same. The PIC will review these records weekly prior to submitting the weekly report to the Director of Quality & Governance. All members of the senior governance team will inspect these records on all home visits. Further refresher training has been scheduled for the housekeeping staff (28/02/2023).

There is a risk assessment in place for the current hand wash sinks and the capex budget for 2023 has allowed for the purchase of a hand washing sink which meets the IPC requirements. This sink has been delivered and the location for fitting same is currently being reviewed.

A hazardous waste bin is now available in the sluice room.

A delivery of medical supplies had been delivered to the nursing home on the morning of the inspection and had not yet been stored away. This was completed on the day of the inspection.

The first quarter environmental audit has been completed and the action plan is in progress.

All equipment has been reviewed and the shower chairs have been disposed of and replaced with new ones.

The correct disposal of clinical waste has been discussed with all staff. This will be monitored on the walkarounds.

Clothing protectors are no longer laundered with mop heads and cleaning cloths. This practice was not in line with the SOP and the staff involved have been met with and re-educated. Adherence to the correct procedure is monitored on the home management team walkarounds.

A continuous improvement plan is in place in relation to surfaces and finishes including wood finishes on floors, skirting boards and wardrobe doors. Improvements will facilitate effective cleaning. This improvement plan has been reactivated now that the maintenance position has been filled.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Staff nurses have been reminded about the importance of ensuring that care plans are up-to-date. This will be reviewed by the PIC prior to submitting the weekly report to the Director of Quality and Governance. The Director of Quality & Governance will also

monitor this on the remote software.

All care plans are currently under review and the named nurse is liaising with the residents representative in order to ensure that the plan of care is agreed. 28/02/2023.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC held a nurses meeting to discuss the care pathways for all potential scenarios for residents health care needs. The team reflected on the recent scenario and the learning was discussed. In addition to this all care plans will clearly describe the residents preferences for treatment and intervention. The residents GP's provide telephone and onsite reviews and in addition to this an out of hours service is available. The nurses have been further guided on the escalation and referral procedures.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The provider has addressed the provision of activities and from the 06/03/2023 additional hours will be rostered for same. The PIC is also seeking out additional entertainment and recreational services which can be provided by external providers.

The PIC has met with relevant staff and further explained the importance of documenting the residents participation in activities. This will be monitored by the PIC on a weekly basis. The care plans are currently under review. Feedback from meetings with residents both collectively and individually will be used to develop the social and recreational programme.

On the day of the inspection, staff were using the resident dining room for their breaks as the staff room was being refurbished. This is now complete and the dining room will never be locked. All members of the Senior Governance team will monitor compliance with this on all home visits.

Plastic plates have never been used in the centre. The plates have very discreet colours which differentiate the modified diets which residents may require - please see company policy attached re. same

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.	Not Compliant	Orange	06/03/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2023
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	30/03/2023
Regulation 21(6)	Records specified in paragraph (1)	Substantially Compliant	Yellow	06/01/2023

	shall be kept in such manner as to be safe and accessible.			
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	22/02/2023
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	31/03/2023
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 resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/01/2023

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/02/2023
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/01/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	28/02/2023

	that resident's family.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	28/02/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	28/02/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	06/03/2023
Regulation 9(3)(a)	A registered	Substantially	Yellow	06/01/2023

	provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Compliant		