



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Knock
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Ballyhaunis Road, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	03 July 2024
Centre ID:	OSV-0006384
Fieldwork ID:	MON-0044183

About the designated centre

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

Sonas Nursing Home Knock is a modern two storey purpose built designated centre that opened in 2019. It is a short drive from the village of Knock and local shops, cafes, the churches and basilica are readily accessible. Accommodation is available for 57 residents and is provided in 51 single and three double bedrooms. All rooms have full en-suite facilities. There is communal sitting and dining space on both floors. The centre has good levels of natural light and is supplied with fixtures and fittings to enhance the independence of residents. It is furnished appropriately to meet the needs of residents. The first floor is accessible by lift and stairs. The aim of the centre as described in the statement of purpose is to provide a residential setting where residents are cared for, supported and valued in a way that promotes their health and well-being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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
Wednesday 3 July 2024	09:00hrs to 15:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

Residents living in this centre expressed high levels of satisfaction with their living conditions and were generally happy with the care and support provided. The inspector observed that residents who required staff assistance were provided with timely support in a respectful manner.

This was an unannounced inspection and on arrival to the centre, the inspector met with the Provider and the person in charge. Following an introductory meeting the inspector commenced a walkabout of the centre. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their lived environment and to observe staff and residents interactions. The inspector found that there was a relaxed and calm atmosphere in the centre. Observations confirmed that residents were in receipt of appropriate support to get up from bed and follow their daily routine.

Sonas Nursing Home Knock provides long term care for both male and female adults with a range of dependencies. The centre is located on the outskirts of the town of Knock, Co. Mayo and can accommodate a maximum of 57 residents in both single and twin en-suite bedrooms.

The inspector observed many positive interactions between staff and residents on the day of the inspection. Staff were observed to be kind and respectful in their interactions with residents. The positive atmosphere in the centre contributed significantly to the residents' overall happiness and well-being. Visitors were observed attending the centre to meet their relatives. Residents who spoke with the inspector said that they were "quite happy living in the centre" and that "staff can't do enough for you". They added that staff were "kind and caring" towards residents.

Most residents spent their days in the communal day rooms, which were nicely decorated, creating a warm and inviting atmosphere. The inspector also observed several residents spending some in a tastefully decorated reception area overlooking the courtyard. Residents were observed engaging in various activities facilitated by an activities coordinator. Some residents preferred to spend time in their bedrooms and were supported by the activity coordinator to participate in activities of their choice.

The inspector reviewed a June 2024 newsletter which was on display in the reception area. The newsletter included pictures of residents involved in events such as a baking session, an alzheimers tea party and a "nurses appreciation day" which had recently taken place. The newsletter also provided residents with information on infections and on the new residents and staff who had recently joined the centre.

Notice boards contained pictures of recent events that residents had attended and were displayed throughout the centre. These included a mad hatters tea party, a

mocktail party and an ice cream day. The inspector noted that a boat trip was planned for the following week and that several residents were due to go on this outing.

The inspector noted that residents and staff were getting ready for an event to present long service awards to staff as a token of their appreciation.

All areas of the centre were well-maintained, clean and odour free. There was adequate cleaning resources allocated to ensure that there was a suitable lived environment for the residents to enjoy. Residents had access to a laundry service on site and commented that they were happy with the service provided.

Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. There were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits and quality assurance systems with a focus on continual improvement.

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Sonas Nursing Homes Management Company Limited is the registered provider for this designated centre. There was a clearly defined management structure in place that were responsible for the delivery and monitoring of effective health and social care support to the residents. The management team consisted of a person in charge who works full-time in the centre and is supported in their role by an assistant director of nursing and a clinical nurse manager. The remainder of the staff team consists of staff nurses, two activities coordinators, a social care practitioner, health care assistants, household, catering, maintenance and administration staff.

The inspector found that the oversight and management of the service was robust and that adequate resources were provided to ensure residents' needs were met. There were systems in place to monitor the quality and safety of the service provided and to ensure that residents' had a good quality of life. Where improvements were identified through the audit system, actions plans were devised to address these issues. Records viewed on inspection found that a comprehensive audit schedule was in place and included audits of residents' falls, environmental hygiene and safeguarding.

The provider had ensured there were adequate staffing resources in place to meet

the residents' clinical and social care needs. The inspector reviewed minutes of staff meetings and found that staff were appropriately supervised in their roles. Staff meetings included discussions on a range of topics including training, infection control, residents' health and activities. There was evidence that where issues had been identified, an appropriate action plan had been put in place.

Records confirmed that there was a high degree of training provided in this centre which was delivered either through on-line or by face to face training. Staff records confirmed that staff were adequately trained in all mandatory training which included fire safety, safeguarding of vulnerable adults and manual handling.

The inspector reviewed a sample of residents contracts and found that they were in line with the requirements of Regulation 24. There was a comprehensive suite of policies and procedures which met the requirements of Schedule 5 of the Regulations.

Complaints were well managed by the person in charge. The inspector reviewed the complaints log and found that complaints had been resolved to the satisfaction of the complainants.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Inspectors found that the person in charge had ensured that staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There were a number of management systems in place which were effective to ensure that the service provided was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. There were sufficient staff resources in place on the day of the inspection and there was a clearly defined management structure in place which identified appropriate lines of authority.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place which was signed by the resident or the resident's representative and included the terms of residency and the fees to be charged for services.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had made available an accessible and effective complaints procedure which met the requirements of the regulations. All complaints were dealt with in line with the designated centres complaints policy and procedure. The management team reviewed complaints received at their governance meetings in order to maintain and identify improvements in the service offered to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

.The policies and procedures required under Schedule 5 of the regulations were available and had been updated by the registered provider.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were well met through well-established access to health care services and a planned programme of social care interventions. Residents' rights were protected and promoted and individuals' choices and preferences were respected.

Residents had opportunities to engage in a variety of meaningful social care activities each day that enriched the quality of their lives and well-being. The schedule of activities included, dog therapy, singalongs, board games and arts and crafts. External musicians visit the centre twice weekly and residents told the inspector that they enjoy these music sessions. Activities were taking place on both the morning and afternoon of the inspection and these included bubble tennis and hand massage. Residents who took part in these activities appeared to be enjoying themselves. Some residents were seen to attend mass while others visited the hairdresser who attends the centre twice weekly.

The inspector reviewed minutes of residents meetings which took place every month and found that there was good attendance and feedback from residents. The inspector observed that feedback was used by the provider to improve and enhance the service provided.

The inspector also reviewed a number of residents' assessments and care plans and found that they were updated in a timely manner. Care plans were detailed to guide staff on all aspects of residents' care including their assessed social care needs and personal care preferences. The provider ensured that residents had timely access to general practitioners (GPs), in addition timely referrals were made to access health and social care professionals such as a physiotherapy, tissue viability nurse, dietetics and speech and language therapy.

The inspector found that residents were adequately protected from abuse. The provider had implemented comprehensive safeguarding measures which included policies and procedures and staff training in safeguarding vulnerable adults.

The design and layout of the premises was suitable for its stated purpose and met the residents' assessed needs. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. Residents' accommodation was individually personalised with residents' own belongings. Residents had adequate storage space in their bedrooms and bathrooms. The centre was visibly clean and tidy and staff were observed to use good hand hygiene techniques.

Regulation 10: Communication difficulties

Residents who had communication difficulties were facilitated to communicate freely.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to meet the number and needs of the residents living in the centre and conformed to the matters set out in schedule 6 of the regulations.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that procedures consistent with the National standards for Infection Prevention and Control in Community Services (2018) published by the Authority, were implemented by staff. The centre was visibly clean and the inspector observed good infection prevention and control practices in use by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents care plans. Each resident had a completed comprehensive assessment of their health, personal and social care needs. The inspectors found that the quality of the care plans was inconsistent. Care plans described resident's care needs and personal preferences in a detailed and person-centred manner.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GP's visited residents regularly. Allied health professionals such as dietician, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

There was a programme of activities in place that reflected the interests and capacities of residents. Residents had access to radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant