



# 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:	04 December 2024
Centre ID:	OSV-0000384
Fieldwork ID:	MON-0045506

## 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 57 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:	55
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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 4 December 2024	09:30hrs to 16:30hrs	Yvonne O'Loughlin	Lead

## What residents told us and what inspectors observed

The Inspector met with the majority of the 55 residents living in the centre and spoke with six residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of the care provided. Residents who spoke with the inspector also confirmed that their rooms were cleaned every day and that their "clothes were washed and tidied away nicely". One resident who lived in the original building part of the centre said that they would like more space for belongings and personal items and this was being addressed by management. The overall feedback from residents was that management were easily accessible and responsive to their needs.

There was a good variety of activities for residents to choose from. All activities were displayed on notice boards around the centre. On the day of the inspection many residents were going to confessions that were held in the oratory room.

Sonas Nursing Home Cloverhill, a purpose built two storey designated centre, was found to be warm, cosy and comfortable throughout. The centre comprised of two different units and had 57 registered beds all on the ground floor. The second floor had storage facilities and staff accommodation. The inspector observed that there was a contrast between areas of the centre that had been refurbished. For example, in the original building the bedrooms were not as bright and pleasantly decorated as the newer 10 bedroom extension in the centre.

Communal areas were bright, spacious, clean and nicely decorated. The main kitchen was clean with a separate area for storing cleaning equipment. The ancillary facilities generally supported effective infection prevention and control. Staff had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment and sluice rooms for the reprocessing of bedpans, urinals and commodes. There was a treatment room for the storage and preparation of medications, clean and sterile supplies. These areas were well-ventilated and tidy. However, some areas needed improvements in relation to cleanliness and this is discussed later in the report.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. The outdoor courtyard and garden area was readily accessible and well maintained making it safe for residents to go outdoors independently or with support, if required.

Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of the inspection and visitors were seen coming and going throughout the day.

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 provided.

## Capacity and capability

This unannounced inspection focused on the infection prevention and control related aspects of Regulation 5: Individualised assessment and care planning, Regulation 6: Healthcare, Regulation 9: Residents rights, Regulation 11: Visits, Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 17: Premises, Regulation 23: Governance and management, Regulation 25: Temporary absence and discharge, Regulation 27: Infection control and Regulation 31: Notification of incidents.

There was a clearly defined management structure in place and this inspection identified it was a well-run centre with a culture which promoted person-centred care. Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of infection prevention and control (IPC) which is further discussed within this report. On the day of the inspection there were 55 residents living in Sonas Nursing Home Cloverhill and there were two vacancies.

Sonas Nursing Home Limited is the registered provider for Sonas Nursing Home Cloverhill. This centre is a part of the Sonas Healthcare Group, which has a number of nursing homes throughout Ireland. The local management team consisted of the person in charge and one assistant director of nursing and each were aware of their role and responsibilities. There were clear management systems in place with regular meetings held to oversee and discuss the day to day operation of the centre.

The Director of Nursing had overall responsibility for IPC and antimicrobial stewardship (AMS). The provider had also nominated a senior nurse to the role of IPC link nurse who had completed the IPC link practitioner course.

Staff had recently completed training in "Human Rights" the inspector observed the impact of this training in the following ways. Management and staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector observed that residents' rights and dignity was supported and promoted with examples of kind, discreet, and person-centred interventions between staff and residents throughout the day.

The staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. There was a low staff turnover that provided continuity of staff which promoted consistent, high quality care for the residents. Healthcare assistants were also involved in serving food to the residents from smaller kitchenettes and were responsible for the cleaning of the kitchenettes alongside their caring role. Further improvements in training is required to ensure a safe service for the

residents in relation to food handling, this is discussed under Regulation 16: Training and staff development.

There were sufficient numbers of housekeeping staff on duty to meet the needs of the centre on the day of the inspection. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths and mop heads to reduce the chance of cross infection. Cleaning records viewed confirmed that residents rooms were cleaned each day. However, a review of processes was required to ensure cleaning was effective in relation to the hand hygiene facilities and a smaller kitchenette. This is discussed further under Regulation 27: Infection control and Regulation 16: Training and staff development.

Documentation reviewed relating to *Legionella* control provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for *Legionella* bacteria in the hot and cold water systems was undertaken.

An Infection prevention and control policy was available to guide staff, some of the guidance needed to be up-dated to reflect the new national policy *National Clinical Guideline No.30-(IPC) 2023* and the *HSE Antimicrobial Stewardship guidance for Healthcare settings (2022)*.

The inspector followed up on the compliance plan from the previous inspection and found that all areas had been addressed in relation to IPC.

The centre had managed a small outbreak of infection earlier this year. The outbreak was notified to the Chief Inspector and appeared to have been well managed with supports in place from public health. An outbreak plan was in place to guide the staff and up to-date guidance to manage the outbreak was available. The inspector observed adequate amounts of personal protective equipment (PPE) that was neatly stored and easily accessible.

The centre had a schedule for conducting IPC audits. The audits covered various areas such as hand hygiene, equipment, environmental cleanliness, and waste management. The audit scores were high but they did not capture some of the findings that the inspector found on the day of inspection, this is discussed further under Regulation 23. Governance and management.

An accurate record of residents with previously identified multi- drug resistant organism (MDRO) colonisation (surveillance) was maintained. This meant that the provider was able to effectively monitor the trends in the burden of antimicrobial resistance within the centre.

## Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was

evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Residents said that there were enough staff to provide the care they wanted at the time they wished. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of training records showed that a small number of staff that were involved in serving food had not completed food safety training, this increased the risk to residents of a food borne illness. The inspector observed two members of staff that attended to residents needs who did not sanitise their hands prior to serving food, this increased the risk of infection spread. In one kitchenette the floor was visibly dirty and one piece of equipment needed a deep clean, therefore more supervision was required.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Notwithstanding the good systems in place to maintain oversight of the service, the arrangements and monitoring of infection prevention and control and antimicrobial stewardship governance required improvement to be fully compliant. For example;

- The policies in place for IPC and antimicrobial stewardship were not sufficient to guide the care and not updated to reflect the new national guidance.
- The schedule of audits in place for IPC did not identify the issues outlined in Regulation 27: Infection control. For example, the most recent audit did not identify that there was no alcohol gel dispenser available at point of care for residents who were colonised with an infection.
- Some areas required supervision of practices. For example, the cleaning of one kitchenette.

Judgment: Substantially compliant



## Regulation 31: Notification of incidents

Notifications as required by the regulations in relation to IPC were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

## Quality and safety

Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. However, further improvements were required in relation to infection prevention and control and antimicrobial stewardship which will be discussed under their respective regulations.

All staff and residents were offered vaccinations in accordance with current national recommendations. Records confirmed that *COVID-19*, *influenza* and *pneumococcal* vaccinations were administered to eligible residents with consent.

Some examples of good practice in the prevention and control of infection were identified. For example, staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Used laundry was observed to be segregated in line with best practice guidelines. Appropriate use of PPE was observed during the course of the inspection. Further improvements in relation to standard precautions was required. For example, the provider had not substituted some traditional hollow bore needles with a safety engineered sharps devices to minimise the risk of needlestick injury. This is discussed under Regulation 27: Infection control.

The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

The inspector viewed a sample of residents electronic nursing notes and care plans. There was evidence that residents were assessed prior to admission, to ensure the centre could meet residents' needs. Based on a sample of nine care plans viewed, plans were sufficiently detailed to guide staff in the management of urinary catheters and the residents that were identified as having an infection or colonised with an infection.

Some barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there was one wall mounted alcohol gel dispenser

between four residents, this meant that staff could not sanitise their hands between episodes of care and some of the sinks although in good repair were not sufficiently clean to promote good hand hygiene practices. This is discussed under Regulation 27: Infection control. A hand wash sink was in place on the corridor of the new extension, this did not conform to the specifications of a clinical hand wash basin but it was clean and in good repair.

The provider had access to microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated fridge was available for specimens awaiting transport to the laboratory. There was a low use of prophylactic antibiotics which is good practice and staff were knowledgeable about "skip the dip" a national programme to reduce the use of urinalysis to diagnose a urinary tract infection.

On the day of the inspection there were no residents who had a pressure wound and mattresses inspected on the day were clean and in good repair.

### Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations (2013). The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

There was good storage facilities within the centre and residents' equipment was clean and tidy.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The transfer document and the pre assessment document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), but further action is required to be fully compliant. For example;

- The detergent in one of the bedpan washers had expired. This may reduce the ability of urinal and bedpans being cleaned properly and lead to infection spread.
- The needles used for injections and drawing up medication lacked safety devices. This omission increased the risk of needle stick injuries which may leave staff exposed to blood borne viruses.
- Barriers to effective staff hand hygiene were identified during the course of this inspection which increased the risk of infection spread. For example;
  - Alcohol gel was not available at the point of care for each resident including one resident that was colonised with an infection.
  - Some of the hand hygiene sinks were not clean. For example, the sink in the treatment room was stained around the tap and plug hole.
  - There was no health care waste bin in the treatment room to dispose of papers towels after hand washing.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

### Regulation 6: Health care

Residents received medical care tailored to their needs, including access to specialists such as gerontologists, wound care experts, and dietitians as necessary. The centre had an in house physiotherapist who came twice weekly. Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring and analysis of antibiotic usage in terms of volume, indication, and effectiveness. Infection prevention efforts were focused on addressing the most frequently occurring infections.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspector observed kind and courteous interactions between residents and staff on the day of inspection.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sonas Nursing Home Cloverhill OSV-0000384

Inspection ID: MON-0045506

Date of inspection: 04/12/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 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>All staff involved in serving food have now completed food safety training.</p> <p>Our onsite IPC Link Facilitator has conducted refresher hand hygiene training with all staff.</p> <p>The Director of Operations has been onsite to review all cleaning schedules and the supervision relating to same has been addressed and improved.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Schedule 5 Policy SNH 109/14 has been reviewed and updated.</p> <p>The IPC audit is currently under review by the Quality Team and will be issued by the end of February 2025.</p> <p>Alcohol hand gel supplies have been reviewed throughout the centre and are now at all points of care. Staff have been re-educated about the IPC measures required for residents with colonised infections.</p> <p>The Director of Operations has been onsite to review all cleaning schedules and the</p>	

supervision relating to same has been addressed and improved.

Regulation 27: Infection control

Substantially Compliant

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

The detergent in the bedpan washer has been replaced.

Any traditional hollow bore needles have been removed and now only needles with a safety engineered sharps device will be used.

A new waste bin has been provided for the treatment room.

The Director of Operations has been onsite to review all cleaning schedules and the supervision relating to same has been addressed and improved.

Alcohol hand gel supplies have been reviewed throughout the centre and are now at all points of care. Staff have been re-educated about the IPC measures required for residents with colonised infections.



## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	24/01/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/01/2025
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.	Substantially Compliant	Yellow	28/02/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	24/01/2025

	associated infections published by the Authority are implemented by staff.			
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