



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Athlone
Name of provider:	Sonas Nursing Home Athlone
Address of centre:	Cloghanboy, Ballymahon Road, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	07 May 2024
Centre ID:	OSV-0005422
Fieldwork ID:	MON-0043680

About the designated centre

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

Sonas Nursing Home is a purpose-built facility registered to provide residential care to 58 residents, both male and female, over the age of 18 years. It provides care on a long term, respite and convalescent care basis.

The centre provides care to residents with chronic illness, mental health illness including dementia type illness and those requiring end of life care.

Residents are accommodated over two floors. There are 56 single and one twin bedroom all with an en-suite bathroom facility. This modern building has a secure inner courtyard and landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home.

Sonas Nursing Home is situated on the outskirts of Athlone town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Tuesday 7 May 2024	09:00hrs to 17:00hrs	Lorraine Wall	Lead
Tuesday 7 May 2024	09:00hrs to 17:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were generally happy with their life in the centre and were well cared for by a caring staff team.

This was an unannounced inspection and on arrival to the centre, the inspector met with the registered provider representative and the person in charge. An introductory meeting was commenced followed by a walkabout of the centre. This gave the inspectors the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to the dining and communal rooms.

Sonas Nursing Home Athlone provides long term care for both male and female adults with a range of dependencies and needs. The designated centre can accommodate a maximum of 58 residents in single and double ensuite bedrooms. There were 54 residents living in the centre on the day of the inspection. The centre is located on the outskirts of the town of Athlone.

The inspectors observed many positive interactions between staff and residents on the day of the inspection. Staff were observed to be kind, empathetic and respectful in their interactions with residents. Visitors were observed attending the centre to meet their relatives. Residents who spoke with the inspectors said that they were "content" and that "staff were all very kind".

Overall, the designated centre was clean and tidy on the day of the inspection. The general environment, including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques. The floor in the hairdressers room was being replaced on the day of the inspection and items from this room were being stored in the chapel, which meant this space was not available to residents while the refurbishment was taking place.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedrooms had sufficient personal storage space available for residents to store their belongings. Residents had access to a large enclosed courtyard and garden area, which was decorated with flowers and shrubs. A number of residents' bedrooms led out onto the courtyard and they were observed to enjoy spending time out here during the day.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day. As the inspectors walked around the centre, they observed that many residents were resting in their bedrooms, whilst others were relaxing in the communal rooms.

Inspectors reviewed minutes of residents' meetings and found that there was evidence of consultation with residents about the day-to-day running of the centre and that their suggestions were addressed. A number of activities were taking place on the day, facilitated by an activities coordinator. Residents were seen to enjoy the activities in the day room, including relaxation and ball games. The inspectors observed that a varied activities schedule was in place and available for residents review on the notice board.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended, and to follow up on statutory information submitted by the provider.

Inspectors also followed up on the provider's compliance plan response to the previous inspection in September 2023. The provider had applied to renew the registration of the centre. The detail of this application was also reviewed on this inspection.

Following an inspection of the centre in 2021, a restrictive condition was attached to the centre's registration by the Chief Inspector requiring the provider to carry out fire safety works in the centre. The inspectors reviewed the centre's fire safety risk assessment and found that all necessary works have been completed. Risks have been addressed and works were completed to a satisfactory standard.

Sonas Asset Holding Limited is the registered provider of Sonas Nursing Home Athlone. The person in charge was supported by an assistant director of nursing (ADON), a clinical nurse manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff.

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The centre has an established governance and management structure in place. The inspectors found that the oversight and management of the service was robust and that adequate resources were provided to ensure residents' needs were met. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. Service deficits were identified and acted upon, through the use of a comprehensive audit schedule which included audits of residents' falls, environmental hygiene and residents' care plans. The inspectors observed that learnings from audits and incidents were acted upon. For example, a falls analysis had been completed and changes introduced in how residents who were at risk of falls were supported. These changes resulted in a decrease in the number of residents' falls.

Nursing and care staff meetings took place regularly and a range of topics were discussed including admissions, nutrition, falls, palliative care, medication and complaints. Inspectors also reviewed minutes of weekly clinical meetings and found that there was good oversight of residents' weights, numbers of falls and skin integrity.

The inspectors reviewed the live risk register and found that risks were appropriately managed by the provider.

A review of training records found that all staff were up-to-date with training appropriate to their role.

The inspectors reviewed the centre's insurance certificate and found that it contained all of the necessary information, as required by Regulation 22.

Complaints were well managed by the person in charge. The inspectors reviewed the complaints log and found that the centre had a low level of complaints. All complaints reviewed had been resolved to the satisfaction of the complainants.

Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre and this application included full and satisfactory information, as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account 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 22: Insurance

The registered provider had insurance in place which met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors reviewed the complaints record and found that complaints were appropriately managed and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

The inspectors observed that the interactions between residents and staff were kind and respectful throughout the inspection. Residents' 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 seen to be respected. An activities coordinator was on duty on the day of the inspection and residents appeared to be enjoying the activities on offer. Residents had access to local television, radio and newspapers. The inspector reviewed minutes of residents' meetings, which sought feedback on areas such as activities and residents' thoughts on service improvement.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of files of residents with a range of needs and found that the care plans were informative and contained sufficient detail to guide care delivery.

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

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' 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 inspectors observed visitors coming and going on the day of the inspection and there were no restrictions on visiting.

The centre was found to be clean and warm. Infection prevention and control measures were in place and monitored by the person in charge. There was evidence

of good practices in relation to infection control and staff were observed using good hand hygiene techniques throughout the day of the inspection.

Inspectors found that residents were adequately protected from abuse. The provider had implemented comprehensive safeguarding measures including policies and procedures and staff education in the safeguarding of vulnerable adults.

Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed attending the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to meet the needs of all residents and met the requirements of Regulation 17.

Judgment: Compliant

Regulation 27: Infection control

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

Assessments and care plans reviewed were completed in a timely manner and were clearly detailed in order to effectively guide staff on care delivery.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that, having regard to the care plan prepared under Regulation 5, all residents received a high standard of evidence-based nursing care, in line with their assessed needs.

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

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told inspectors that they were well looked after and that they had a choice about how they spent their day.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	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