



**Health  
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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 Carrick-on-Suir
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 January 2023
Centre ID:	OSV-0007883
Fieldwork ID:	MON-0038862

## About the designated centre

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

Sonas Nursing Home Carrick-on Suir is located a five minute walk from the town centre and serves the local community of approximately 12,000 people. The nursing home is a purpose built care home that provides accommodation for 53 residents in mostly single bed accommodation with some twin rooms available. There are two internal landscaped courtyards with outdoor seating provided. Bedroom accommodation provides bright en suite rooms with built in safety features such as a call bell system, fire doors with safety closures, wheelchair accessible bathrooms, grab rails, profiling beds, television and private telephone line. There are two open plan living rooms, a family room and an oratory.

Care and services are provide to both male and female residents over the age of 65 and those under 65 may be accommodated if the centre can meet their assessed needs. Residents with low to maximum dependencies can be accommodated.

Nursing care is provided to residents who require long term care, convalescent, respite or palliative care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	40
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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
Thursday 5 January 2023	09:00hrs to 16:00hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents and staff, Sonas Nursing Home, Carrick-on-Suir was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff.

On arrival to the centre the inspector carried out the necessary infection prevention and control precautions, such as recording body temperature and application of a face mask. After an opening meeting with the clinical nurse manager, the inspector was accompanied on a tour of the premises. The person in charge was on leave but arrived on duty later on the morning of inspection.

Sonas Nursing Home is a single story designated centre registered to provide care for 53 residents on the outskirts of the town of Carrick-on-Suir, County Tipperary. There were 38 residents living in the centre and two residents were in hospital on the day of this inspection. There was a choice of communal spaces that residents could use including, two rooms which had a dual dining and sitting room function, a family room, a visitors room, a multi-purpose room, and an oratory. The inspector saw that bedroom accommodation consisted of 49 single and two twin bedrooms, all with en-suite facilities. The centre was divided into six compartment corridor areas which were called after local areas, for example; Comeragh and Silevenamon. The inspector observed that bedrooms had ample storage space, flat screen televisions and had lockable locker storage. At the time of inspection the centre was operating at a reduced occupancy.

Overall, the inspector observed that the premises was laid out to meet the needs of the residents accommodated in the centre on the day of inspection. There were appropriate handrails and grab rails available in the bathrooms and along the corridors, to maintain residents' safety. The building was well lit, warm and adequately ventilated throughout. Bedrooms were appropriately decorated with many residents who had decorated their rooms with personal items.

The inspectors spoke with a total of four residents in detail, over the course of the day and the feedback was positive. Residents who spoke with the inspector said that staff were good to them and treated them well. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. However, these residents appeared to be content, appropriately dressed and well-groomed. The inspector also spent time in communal areas observing resident and staff interaction and found that staff were kind and caring towards residents at all times.

Visitors were observed attending the centre on the day of the inspection. Visits took place in communal areas and residents' bedrooms where appropriate. There was no

booking system for visits and the residents who spoke to the inspector confirmed that their relatives and friends could visits anytime.

The inspector observed a calm and content atmosphere in the centre throughout the day. It was evident that residents' choices was respected. For example; some residents got up from bed early while others chose to remain in bed until mid-morning. Thought out the day of inspection, the inspector observed residents attending the hairdresser in the hair salon, the activity staff member providing a one to one activity with a resident in the morning and a group activity of a quiz in the afternoon with residents. The centre had one dedicated activity staff member and two social care practitioners who organised and provided a programme of activities with residents. There was a varied activity schedule which included, bingo, singing, exercises, and live music sessions. Residents attended meetings in the centre and said that staff and management were available to them at all times.

The next two sections of this report will present 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

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in July 2022, and improvements were found in Regulation 27: infection prevention and control, and Regulation 28: fire precautions. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 5: individual assessment and care plan, Regulation 17: premises, Regulation 21: Records, Regulation 23: governance and management, and Regulation 27: infection prevention and control.

The registered provider had applied to vary conditions 1 and 3 of the registration for Sonas Nursing Home, Carrick-on-suir. The appropriate fee's were paid and prescribed documentation was submitted to support the application to vary its registration. The registered provider had increased the centres communal space. The registered provided had extended one of the centres day rooms and had converted a store room to a quiet room for residents. This additional space provided sufficient communal space to meet the recreational needs for 55 residents. There was able storage room in the centre on the day of inspection.

Sonas Asset Holding Limited was the registered provider for Sonas Nursing Home Carrick-on-Suir which was one of 12 designated centres in the group. The company had four directors, one of whom was the registered provider representative. The person in charge worked full time and was supported by a clinical nurse manager, a team of nurses and health care assistants, social care practitioners, an activities co-ordinator, housekeeping, laundry, catering, administration and maintenance staff.

The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a senior quality manager and by shared group departments, for example, human resources.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team since opening in 2020. Staff spoken with were knowledgeable of residents individual needs and were seen to be responsive to requests for assistance by residents. Staff were supported and facilitated to attend training and there was a high level of attendance at training in areas to support staff fulfill their roles.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls prevention, restrictive practice, infection prevention and control, and medication management. Audits were objective and identified improvements. There was evident of trending of audit results for example; monthly audits of resident incidents of falls identified contributing factors such as the location of falls and times when resident falls occurred the most. The centre had an extensive suite of meetings such as governance management meetings, local management meetings and staff meetings. Meetings took place monthly in the centre. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Quarterly governance meeting took place with agenda items such as fire safety, infection prevention and control, contingency planning, family communication and KPI's (key performance indicators). There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2021 with an associated quality improvement plan for 2022. The annual review of the quality and safety of care to residents in 2022 was under review.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were not managed in accordance with the centre's policies. The monitoring and oversight of safety procedures following a residents fall required improvement, this is detailed under regulation 23.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. A record of all complaints received in 2022 was viewed. All closed complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded. Residents confirmed that they would be happy to discuss a complaint or concern with the person in charge or any member of staff.

## Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

All documents were received to vary registration conditions 1 and 3.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were two registered nurses in the centre day and night.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding MDRO's. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

Improvements were required with staff records. In a sample of four staff files viewed, one of the files did not have a satisfactory history of gaps in employment in line with schedule 2 requirements.

Judgment: Substantially compliant



## Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was safe, appropriate and effectively monitored. For example;

- The system for assessment of residents post a fall required review as one incident of a fall was not managed in accordance with the centre's policies.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

## Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

## Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Sonas Nursing Home, Carrick-on-Suir. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 5: individual assessment and care planning, Regulations 17: premises, and Regulation 27: infection prevention and control.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

A detailed individual assessment was completed prior to admission, to ensure the centre could meet residents' needs. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed further under Regulation 5: individual assessment and care planning.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas, visitors room or outside courtyard areas. Visitors could visit at any time and there was no booking system for visiting.

Apart from improvements required to storage in some of the en-suite facilities in the centre, the premises was meeting the requirement of the regulations and appropriate to the needs of residents on the day of inspection. The centre was bright, clean and general tidy. The centre was cleaned to a high standard, alcohol hand gel was available outside all bedroom corridors. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The risk management policy had been reviewed and updated in August 2022. The risk register contained site specific risks such as risks associated with individual residents and centre specific risks, for example; risk of residents absconding and risk of using electric fans.

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place on the day of inspection. The centre was operating at a reduced occupancy on the day of inspection. The inspector was informed that house keeping staff had been recently recruited and house keeping resources would be increased in line with the increase in occupancy and statement of purpose. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been

incorporated into the regular weekly cleaning programme in the centre. The centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits which included COVID 19 were evident and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections. Training and education on MDRO's had been provided for staff since the previous inspection.

Improvements were found in fire safety since the previous inspection. All fire doors in the centre had been adjusted to ensure that they closed effectively. All staff had completed fire training had been provided to all staff in the centre. Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the days of inspection and all were in working order. There was evidence of an on-going schedule for fire safety training. There was evidence that fire drills took place regularly. Fire drills records were detailed containing the number of residents evacuated , how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre.

The inspector found that there were very good opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There was access to a varied programme of activities that took place in different areas of the centre and with different size groups. Residents spoke positively about how these arrangements improved their quality of life. Residents meetings took place and topics discussed were; the dining experience, dance entertainment and tasting events, laundry and activities. The residents had access to SAGE advocacy services in the centre.

## Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have their temperature checks and there was a checklist to ensure that visitors had appropriate PPE and had completed hand hygiene procedure on entry to the centre.

Judgment: Compliant

## Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Some residents en-suite bathrooms did not have suitable storage for personal items.

Judgment: Substantially compliant

## Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

## Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and there was an on-going COVID-19 vaccination programme for residents and staff.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs however it was not documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sonas Nursing Home Carrick-on-Suir OSV-0007883

Inspection ID: MON-0038862

Date of inspection: 05/01/2023

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A comprehensive audit of all staff records has now been completed and any gaps in employment have been accounted for and recorded.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The falls protocol (SNH/104/21) has been re-issued to all staff and has been discussed at staff huddles. A staff nurse meeting was also held where the falls protocol was discussed in detail. Our physiotherapist has provided an in-house training session on falls prevention and management for all staff. In addition all staff have completed falls awareness training on our online platform. The home management team reviews and investigates all falls as they occur to ensure compliance with the falls protocol, they also undertake quarterly falls analysis to review for any trends or patterns. Shared learning from falls is discussed daily at staff huddles and weekly clinical meetings. The Director of Quality and Governance and the Quality Manager review falls in the home on a weekly basis and also at monthly Governance meetings – a comprehensive action plan which accounts for contributory and causal factors is agreed and implemented from this review. The Director of Quality &amp; Governance discussed the learning from the recent falls analysis with the nursing home team at the recent Quality &amp; Safety meeting (09/03/23).</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  We have reviewed the residents en-suite storage with the residents and agreed where they would like additional storage to be provided.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  All residents have now been assigned key nurses who will meet with them and their nominated representative in order to discuss and agree their care plans. This will occur every four months and in the interim if changing needs occur.</p>	

## 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 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	31/03/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	13/03/2023
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	Substantially Compliant	Yellow	09/03/2023

	effectively monitored.			
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 that resident's family.	Substantially Compliant	Yellow	30/04/2023