<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Sonas Nursing Home Ard Na Greine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005421</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Bothar na Cé, Enniscrone, Sligo.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>096 37 840</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:mgeorge@sonas.ie">mgeorge@sonas.ie</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Sonas Asset Holdings Limited</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Marie Matthews</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
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<td><strong>Number of residents on the date of inspection:</strong></td>
<td>48</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>26 March 2019 10:30</td>
<td>26 March 2019 17:00</td>
</tr>
<tr>
<td>27 March 2019 09:30</td>
<td>27 March 2019 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Non-Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
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<td>Outcome 05: Suitable Staffing</td>
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<td>Outcome 06: Safe and Suitable Premises</td>
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<td>Non-Compliant - Moderate</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend an information seminar given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. The provider is required to submit a self-assessment tool on dementia care comparing the services provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The provider had assessed the centre as substantially compliant.
under the outcomes on Health and Social Care Needs, Safeguarding and Safety, Safe and Suitable Premises. The person in charge had an action plan and was working to address the areas identified through the self-assessment. The inspector identified areas of non-compliance moderate under two of the six outcomes reviewed.

The journey of four residents with dementia was tracked. Care practices and interactions between staff and residents with dementia were observed using a validated observation tool. The inspector also reviewed admission assessments, discharge documentation, care plans, medical records, and discharge staff files.

The centre is purpose built and is registered to accommodate 52 residents. There were 48 residents accommodated on the day of the inspection. Nineteen residents had a formal diagnosis of dementia and a further seven had some level of cognitive impairment. The centre is laid out over two floors with most accommodation and communal areas on the ground floor. There is a specific dementia unit in the centre but residents with dementia were accommodated throughout the centre. The positioning of beds in shared bedrooms impacted on the privacy of these residents. The provider has plans to reconfigure the centre which will include relocating all bedroom accommodation to the ground floor and converting shared bedrooms to single rooms. The provider has been requested to submit these plans to the Office of the Chief Inspector.

The atmosphere was calm and relaxed. The inspector spoke with and observed residents during the inspection and observed their interactions with staff members. Although some residents were unable to clearly communicate how they felt, the inspector observed behaviours associated with feeling content. Those residents who were able to communicate their experience of living in the centre expressed high levels of satisfaction with the care and services they received.

There was evidence of good practice in most areas but improvements were required in how social care was delivered and how the participation of residents was captured. During the periods of observation completed, the staff interacted in a respectful manner with residents and demonstrated patience and knowledge of the residents’ needs and preferred daily routine but some care observed was task orientated. Where residents had a cognitive impairment, this was referenced in their care plans. Practice in relation to the management of responsive behaviours associated with dementia was evidence based.

There were clear reporting structures in place and that the management team met regularly to review the operation of the centre. The person in charge facilitated the inspection. She works full-time and is supported by clinical nurse manager. Both staff members were on duty. A quality and governance coordinator employed by the provider was present during both days of the inspection and helped to facilitate the process.

Feedback was regularly sought from residents and their relatives about the quality of the service and suggestions for improvements were addressed. Residents and
relatives were very complimentary regarding the nursing and care staff and described them as kind and helpful. They were clear of how to make complaints and a review of the complaints log showed complaints were addressed promptly. The satisfaction level of the person who made the complaint was clearly recorded.

The provider had addressed most of the areas for improvements identified on the previous inspections undertaken in September 2017. Policies and procedures had been reviewed and all staff had completed mandatory training. Care plans had been reviewed and were now more person centred. New signposts had been erected to help orientate residents to their environment but the signage did not have any picture references and the writing on signs was small. Additional enhancements such as the use of colour and visual cues were required in the building to support residents with dementia.

The action plan at the end of this report identifies areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was evidence of timely access to healthcare services for all residents. General Practitioners (GPs) visited the centre regularly and the medical files reviewed confirmed that residents were regularly reviewed. An out-of-hours GP service was available. The person in charge described good support from psychiatry of later life team and there was evidence that the community mental health nurse and psychiatrist visited the centre regularly to review residents under their services.

Referrals were made to appropriately to specialists, consultants or to support services such as physiotherapy, speech and language therapy or dietetics. A physiotherapist was employed to support residents three days per week. The inspector saw that residents also had access to a dietitian and speech & language therapist as required. A chiropodist visited the centre regularly. An occupational therapist could also be accessed via the Health Services Executive (HSE). Some residents with advanced dementia were observed sitting in reclining chairs and had not been assessed by an occupational therapist. The person in charge was asked to organise a review for these residents immediately following the inspection. The person in charge visited prospective residents prior to admission and a pre-admission assessment was completed which included; dependency level, mobility, moving and handling, skin integrity, nutrition, falls risk, and cognitive function. All assessments were completed using validated tools. On admission to the centre, each resident’s care needs were comprehensively assessed using a number of risk assessment tools. Risk assessments completed included falls, dependency levels, nutritional, risk of developing pressure ulcers and moving and handling requirements. Each resident had a care plan completed which set out their care needs and provided guidance to staff on the care required. The care plans reviewed referenced the residents’ cognitive function and how this affected the resident. Residents’ health and wellbeing was maintained to a good standard.

A new electronic care planning system was being introduced and the staff were in the process of converting written care plans to the electronic system. The inspector reviewed the written care plans on the day of inspection as the new system was not fully enacted. Most care plans reviewed were person-centred and had been reviewed at
four-monthly intervals or more frequently if there was a change in the resident's care needs. An assessment called "a key to me" was also available which included detailed information on residents' likes, dislikes, hobbies and interests.

Good wound prevention was evident in the files reviewed. Each resident's skin integrity was assessed and pressure relieving mattresses were provided where skin integrity was compromised. There was access to a tissue viability specialist nurse where required. None of the current residents had pressure wounds.

Clinical observations such as blood pressure, pulse and weight and manual handling assessments were monitored monthly to help detect early signs of ill health. Access to health screening was made available to all eligible residents. The annual flu vaccination was made available to residents. Visitors with any sign of infection were requested by signs at the entrance not to visit the centre to ensure that potential health problems could be prevented.

Residents were weighed on monthly basis or more frequently where weight loss was identified. Diet and fluid intake records were completed in good detail where required to monitor those eating poorly. Residents' dietary requirements were clearly communicated to the catering staff who had a comprehensive list of each resident's food preferences and special dietary requirements such as diabetic diets, renal diets, reduced fat diets, or modified and thickened consistency diets. The catering manager described how the meals of residents who had lost weight were fortified to boost their calorie content. Where residents were referred to a dietitian or a speech and language therapist their recommendations were included in the nutritional care plan.

The inspector observed two meal times. There were two meal sittings. Residents were encouraged to eat at their own pace with minimal assistance to maintain their independence. The staff were observed to sit close to those who required assistance and to provide encouragement and assistance in a discreet, patient manner.

Residents with dementia were protected by policies and procedures for medication management. All staff nurses had completed training on medication management and were observed to follow appropriate medication management practices. Medication was supplied by a local community pharmacy. A small number of residents had chosen to retain their own pharmacy to supply their medication. There was evidence of regular medication audits by the pharmacy and the person in charge.

Systems were in place to prevent unnecessary hospital admissions. Nursing staff had been trained in sub-cutaneous fluid administration. Where a resident required transfer to hospital, comprehensive information was provided to the hospital based on the assessments completed.

End-of-life care was provided to residents with the support of the palliative care team and the General Practitioner. Practice was guided by written policies and procedures. Each resident had their end-of-life preferences recorded and an end of life care plan was in place. Care plans reviewed had details of the resident's physical, emotional, social, and spiritual needs and any end-of-life wishes. Where a resuscitation decision had been
made, the inspector saw this had been discussed with the resident and or their relatives and was regularly reviewed by the GP.

**Judgment:**
Substantially Compliant

### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Measures to protect residents from being harmed or suffering abuse were in place. A policy and procedures on safeguarding was available and there was a system to ensure that this was regularly reviewed and read by all staff. The staff members who spoke with the inspector were clear on what constituted abuse and confirmed that they had attended training on safeguarding vulnerable adults. All said they would report any incidents or suspicions of abuse to the person in charge. The person in charge confirmed that there were no incidents under investigation.

The provider did not act as a financial agent for any residents. There was lockable storage facilities were provided in all bedrooms. Small amounts of pocket money were also kept for some residents. There was a system in place to ensure that monies were safeguarded and transparent records were available for all lodgements and withdrawals. A sample of multiple residents' monies was checked by the inspector and was found to be accurate.

There were a policy and procedures available to guide staff on the management of responsive behaviours. The training records confirmed that there was ongoing training on dementia and how to manage responsive behaviours. The inspector reviewed the care documentation of a resident displaying such behaviours. The care plan described potential triggers and interventions that could be adopted to reduce the residents anxiety such as redirection and distraction. The care plan referenced pain or infection as a possible cause for an escalation in the residents behaviour. The responsive behaviours were referenced in all care plans. There was a four-monthly review by a multidisciplinary team to review the effectiveness of the interventions and any changes in the behaviours.

The centre had a policy on the use of restraint which was in line with national policy. The use of any restraints was underpinned by an assessment and was reviewed on a regular basis. There was evidence that the resident, or their next of kin, were involved in the discussions and alternative options such as low entry beds and crash mats were in use instead of bedrails.
<table>
<thead>
<tr>
<th>Judgment:</th>
<th>Compliant</th>
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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**

There was an established ‘Quality of Life committee’ in the centre made up of residents, relatives, staff members, and members of the local community. The group’s focus was to improve the quality of life for residents. A resident satisfaction survey had been recently completed. There were high levels of satisfaction with how services were provided and the inspector saw that suggestions from residents had been followed up. For example, a movie night for residents was one suggestion from the group. A home cinema had been set up and this was now a regular feature.

Residents who spoke with the inspector said that they were consulted with by staff members and their consent was obtained prior to care delivery. Staff members were observed to knock on bedroom doors before entering and sought the consent of residents and involved them in discussions before providing care. Relatives spoken with said that they were kept informed on a daily basis about any changes in their loved ones care needs. Feedback was also sought from residents and relatives through a suggestion box at reception.

Residents' choices were respected and those spoken with said they were able to control how they spent their day. Several residents said they were supported to remain active in their local community and continued to attend local events. Residents told the inspector they got up and retired at a time of their choosing, and if they felt tired could stay in bed later or retire early.

Residents confirmed that they were facilitated to exercise their civil, political, and religious rights. Mass was celebrated monthly in the centre and residents told the inspector they also valued being able to watch the mass in the local church which was relayed to the centre's televisions daily. A Church of Ireland service was also celebrated and a minister visited some residents. Residents who were ill received the sacrament of the sick and last rights were administered to residents at the end of their life if this was their preference. The residents confirmed that they were supported to vote in elections as the centre was registered to enable polling.

Daily and local newspapers were available. A newsletter was also produced monthly for
residents and relatives informing them of social events. Each resident had a telephone
point in their bedroom and the inspector saw that some residents had their own mobile
telephone.

Each resident had a communication plan and there were effective communication
systems in place to ensure that any changes in the resident's care needs were
communicated to all appropriate staff. The centre had internet facilities which residents
could use to communicate with family members.

The social programme required review to ensure that all residents had opportunities for
meaningful recreational and stimulation. A social assessment was completed for each
resident and staff members spoken with said they tried to ensure that each resident was
offered recreational and stimulating activities according to their preferences and abilities.
The schedule of activities displayed included a range of activities for residents able to
participate in group activities such as puzzles, word searches, music, ball games, art,
baking, gardening, and passive exercise. Some residents told the inspector they had
participated in an art competition at a local agricultural show and the centre's newsletter
included pictures of tea parties and baking sessions. Through observations, interviews
with staff members, residents, and relatives the inspector judged that that the amount
of time available to staff for providing individual therapies to residents unable to
participate in group activities was limited.

The inspector observed an activity session in the quieter sitting room. Most residents
present had dementia and required individual support to engage in an activity. The staff
tried to engage residents in individual activities such as reading aloud, word puzzles, and
music videos. Some residents’ slept during the period of observation. It was not
possible however for one staff member to give everyone the attention they required
while also supervising other residents. The inspector spoke with six residents during the
inspection. Two said they would like more to do and one said they would like more
social outings and live music.

A local volunteer also visited the centre weekly as part of a social programme for
residents with dementia. Two staff had completed training in therapeutic dementia
appropriate activities, however one no longer worked in the centre. A second carer had
been deployed to assist with social activities; however this person was only deployed
one day a week.

There were records available of the various social activities attended by each resident
however; on review these did not provide meaningful information as they only indicated
if the resident was present for the activity. There was no indication of the residents’
enjoyment or level of engagement in the activity.

As part of the inspection, the inspector spent periods of time observing staff interactions
with residents. The inspector used a validated observational tool (the quality of
interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector
spent time observing interactions in the main sitting room and in a quieter sitting room
used mainly by residents with dementia. Approximately 60% of the observations were
positive where the staff members made good eye contact with residents and used touch or a reassuring tone of voice when speaking with residents. The staff knew the residents and could recognise if they were not enjoying the particular activity and they tried to engage them in a new activity. 30% of the interactions observed were task orientated where the staff attended to the resident’s immediate needs and limited the conversation to the task in hand. 10% of the observations were neutral where staff came and went to the sitting room without speaking with residents or where the residents were only briefly involved in conversations. These were missed opportunities to engage with residents.

**Judgment:**
Non-Compliant - Moderate

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**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents and relatives spoken with said that any complaints they had were addressed promptly. There was an accessible complaints procedure which was displayed in an accessible format near the reception. The procedure outlined the steps involved in making a complaint. Informal complaints were recorded and addressed in addition to formal complaints. The appeals procedure was clearly outlined. A complaints log was maintained and details of the complaint, investigation, and action taken were clearly recorded. The inspector saw that all complaints were investigated promptly. The log captured if the complainant was satisfied with the actions taken. The inspector saw that complaints were discussed at management team meeting and were audited by the person in charge as part of the annual review of the service.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
As discussed under outcome 6, there were not sufficient staff deployed to the area of social care to ensure that residents with dementia and those unable to participate in group activities had meaningful engagement. One staff member assigned to this role had left her position and had not yet been replaced. The quality and governance coordinator had also identified this by doing her own observations and had secured the agreement of management that additional social care staff would be recruited however, these new staff were not yet in post.

There was a robust recruitment process in place. In the sample of staff files reviewed, the requirements of schedule 2 of the regulations were met. The person in charge confirmed that Garda vetting clearance was in place for all staff members and this was evident in the sample files reviewed. Evidence of professional registration was available and up to date for all nursing staff.

All new staff completed a period of probation when they commenced employment and induction training was completed by all new staff. The staff files reviewed had an appraisal evident. Residents and relatives spoke very positively of staff and the person in charge and described staff as really caring and helpful.

The person in charge used a training matrix that allowed her to identify when staff were due to complete refresher training in mandatory areas. The centre was supported by a regional education and standards team who assisted with the delivery of training and there was evidence of an ongoing training and development programme. The sample of staff files reviewed indicated that staff members had attended training in fire safety, moving and handling, dementia, responsive behaviours, infection control and safeguarding vulnerable persons. Nursing staff had also completed training in venepuncture, restraint, palliative care, nutrition and medication management, as well as areas such as General Data Protection Regulation (GDPR), person-centred care and cardio pulmonary resuscitation.

The inspector saw that dependencies were determined using a validated tool and this was reviewed regularly. The inspector reviewed the staff rota which showed the staffing complement over a 24-hour period. Staffing levels were consistently allocated during the week and over weekends and an on-call system was in place.

There was a nurse on duty at all times. Between 08.00 and 12.00 there were two nurses and 10 care assistants on duty along with the person in charge and an activity coordinator. This reduced to two nurses and seven care assistants in the afternoon and evening. At night there was a nurse and three care assistants on duty. The night time medication round was commenced by the nurse on day duty before going off duty and continued by the nurse on night duty.

There was a communication system in place to ensure that residents’ needs were clearly communicated to nursing and care staff at the end of each shift.

The inspector found that staff were well informed and knowledgeable of their responsibilities and had good knowledge of the specific needs of the residents with dementia living in the centre. Staff members spoken with said they had sufficient
supervision and direction, and had time to carry out their duties and responsibilities. There was a system in place to ensure that staff read operational policies and procedures.

**Judgment:**
Substantially Compliant

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<th>Outcome 06: Safe and Suitable Premises</th>
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<tr>
<td><strong>Theme:</strong></td>
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<td>Effective care and support</td>
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<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Findings:</th>
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</thead>
<tbody>
<tr>
<td>The centre is purpose built and is laid out over two floors. Most bedroom accommodation is located on the ground floor. There is a passenger lift and two stairways servicing the first floor.</td>
</tr>
</tbody>
</table>

The inspector found that it was well maintained. The inspector found that the centre was clean, warm and odour free. Entry to the centre was secure. Handrails were provided and the layout provided ample corridors for residents who liked to walk around the centre. There were three communal sitting rooms and a dining room. Additional facilities included a hairdressing room, oratory, visitor's room, and a conservatory. Cleaning and sluicing facilities and a laundry were provided which were secured by keypad lock to prevent residents with a cognitive impairment entering. A range of assistive equipment was available including pressure relieving mattresses, wheelchairs, mobility frames, and sit-to-stand hoists. Emergency call bells were provided in each room and in communal areas. Records were available to verify that all assistive equipment was regularly serviced.

Bedroom accommodation comprised 41 single bedrooms and five two bedded rooms. One single bedroom had been reconfigured since the last inspection to provide additional storage. Twenty-nine bedrooms had full en-suite toilet and shower facilities. There are bathrooms in close proximity to the remaining rooms.

While residents with dementia were accommodated throughout the centre, one area was specifically designed to support residents with advanced dementia. This had a small scale kitchen/dining room that resembled that of a family home and the sitting room was furnished in a home-like style. Bedroom doors were painted in different colours. The sitting room in this unit opened onto a safe enclosed court yard which had a gardening shed and suitable outdoor furniture. Two additional enclosed courtyard gardens were accessed from the main sitting room and the dining room.
There was good natural lighting and residents had a pleasant view of the surrounding countryside. Lighting throughout the centre had been replaced with a human centric lighting system which aimed to mimic the effects that natural light has on residents and support their natural circadian rhythms. The quality and safety co-ordinator told the inspector that the effect of the lighting on sleep patterns and falls reduction was been monitored and early indications were that it contributed to improved sleep patterns and a reduction in falls.

Although new signposts had been erected to guide residents to the dining room, the size and position of this signage and the absence of any picture references on the signage reduced the effectiveness of these for residents with impaired sight and for residents with a cognitive impairment. Most bedrooms had been personalised by the residents or their families with pictures, ornaments, or pieces of furniture. Some bedroom doors had visual cues to help the residents to identify their own room. The further use of different colour schemes to help distinguish various communal areas and additional visual prompts would further enhance the environment for residents with dementia.

The provider had reduced the occupancy of two of the five double rooms to provide additional space for residents and this enhanced the privacy of these residents. The remaining three double rooms were shared by two people. Privacy screens were provided around beds in each room and there was appropriate storage space for both residents’ personal belongings. Each resident had a chair beside their bed which promoted their independence by aiding them to dress. The close proximity of beds in these bedrooms however made it difficult for staff to attend to the needs of one resident without disturbing the other resident. An action has been included under outcome 3 requiring the provider to address this.

At the feedback meeting the inspector was advised of plans to extend the building and relocate all accommodation to the ground floor. Planning permission had been obtained and building plans were available. The provider was requested to submit plans to the Office of the Chief Inspector immediately following the inspection.

**Judgment:**
Non-Compliant - Moderate

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**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The building was divided into compartments to allow for horizontal evacuation. There was evidence of regular fire safety checks being carried out. Records confirmed that all staff received on-going fire safety training. Each resident had a detailed Personal
Evacuation Plan which outlined the number of staff and the assistive equipment they required to help them to evacuate in the event of a fire during the day and at night-time. Regular fire drills were completed and records were available to provide assurance that staff could evacuate residents safely and in a timely manner in the event of fire. Drills completed replicated night time staffing levels. An evacuation chair was located beside the stairs to aid the evacuation of residents on the first floor in an emergency and there were stairs on each end of the corridor. Staff spoken to were clear on the fire evacuation procedure and were able to describe the assistance each resident would require. Firefighting equipment was provided in the smoking room as well as mechanically aided extract ventilation. The inspector observed that, although the door to this room was fitted with a self-closing device, the door was not closing properly which created a fire risk.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Health Information and Quality Authority**

**Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report**

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<th>Sonas Nursing Home Ard Na Greine</th>
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<td>OSV-0005421</td>
</tr>
<tr>
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<td>26/03/2019</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20/05/2019</td>
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**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
A resident who was seated in a reclining chair required a specialist referral.

**1. Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with...

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
This resident has been referred to Specialist Occupational Therapist. Discussions have also taken place with staff to ensure that residents are seated comfortably and well supported. Whilst we await the visit from the private OT our in house physiotherapist has advised staff with ensuring this resident is seated comfortably.

Proposed Timescale: 31/05/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The system for recording the residents participation and engagement required review to provide a meaningful record to evidence that residents were provided with meaningful engagement.

2. Action Required:
Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:
A computerised care planning system had begun implementation and same was in the early stages during the inspection. This now enables a comprehensive and holistic recording of the resident’s participation and engagement and also enables and ensure that each resident has an individualised care plan. Additional activities hours are now rostered.

Proposed Timescale: 20/05/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The social programme required improvement to ensure that all residents particularly those unable to participate in group activities had opportunities for meaningful recreational and stimulation.

3. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.
**Please state the actions you have taken or are planning to take:**
The social programme is currently being reviewed. The new programme will include a
greater range of activities with a particular focus on residents unable to partake in
group activities. An additional budget for same had been approved in November 2018
and efforts were underway to recruit and allocate resources for same.

**Proposed Timescale:** 31/07/2019

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The positioning of beds in close proximity in the shared bedrooms made it difficult to
ensure these residents privacy or for staff to attend to one residents needs without
disturbing the other resident.

**4. Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may
undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
Architectural plans have been submitted to the inspector which account for significant
bedroom enhancement and re-developments for the home. In the interim, the bedroom
in question is being re-configured; this involves moving the nurse-call bell system and
changing the layout of the bedroom. The current residents in this bedroom were
involved in choosing and accepting their bedroom and a comprehensive pre-admission
assessment was completed.

**Proposed Timescale:** 31/08/2019

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There were insufficient staff deployed to the area of social care to ensure that residents
with dementia had meaningful engagement.

**5. Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of
staff is appropriate to the needs of the residents, assessed in accordance with
Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
An additional budget for same had been approved in November 2018 and efforts were
underway to recruit and allocate resources for same. Staff have been redeployed and
duties reallocated in order to focus more on the residents social and recreational needs.

**Proposed Timescale:** 05/04/2019

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The premises was not designed to meet the needs of residents. Although some signage and cues were used, the writing was small on the signs and some signage was not placed at eye level. The use of colour schemes throughout the centre needs to be enhanced.

6. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
A number of homely and artistic additions had been recently added to the home. To supplement this a full review of signage is currently being conducted. A painting schedule has commenced. Dementia friendly designs will be incorporated. This will be incorporated into the homes continuous improvement plan.

**Proposed Timescale:** 31/08/2019

### Outcome 07: Health and Safety and Risk Management

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The inspector observed that the door to the smoking room fitted with a self-closing device however when tested the door was not closing properly which created a fire risk.

7. **Action Required:**
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable firefighting equipment, suitable building services, and suitable bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
The smoking room self-closing device has been repaired and is now closing properly.

**Proposed Timescale:** 05/04/2019