<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sonas Nursing Home Cloverhill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000384</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Lisagallan, Cloverhill, Roscommon.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 662 8882</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:cloverhill@sonas.ie">cloverhill@sonas.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Sonas Nursing Home Management Co Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Mangan</td>
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<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
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<td>40</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 July 2014 09:00
To: 07 July 2014 18:00

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome 08: Health and Safety and Risk Management |
| Outcome 14: End of Life Care                      |
| Outcome 15: Food and Nutrition                   |

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition, the inspector also reviewed some aspects of risk management while inspecting the centre. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The inspector found that residents’ end-of-life needs were well managed with good access to medical and specialist palliative care. Care planning was in place as required and relatives were facilitated to be with their loved one, staff were trained in same, and practical information was provided to relatives of deceased residents on bereavement services available to them.

There was ample supply of fresh food available to the resident’s, and the food provided to residents was appetising and nourishing. Residents were facilitated to maintain their independence at meal times. Nursing and clinical documentation were maintained, and there was good access to General Practitioner’s (G.P.’s)

Residents and relatives were very satisfied with the service provided. There were two dining rooms, and one sitting/dining room. The dining rooms were designed to cater for all residents in separate areas in the home.
The person in charge who completed the provider self-assessment tool had judged the centre was compliant in relation to end-of-life care and in the area of food and nutrition. The provider had identified actions in their self assessment to ensure compliance.

On the day of inspection the inspector found compliances in the area of end-of-life care and non-compliance in the area of Food and Nutrition, and risk management 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. These matters are discussed further in the report and in the Action Plan at the end of the report.
### Section 41(1)(c) of the Health Act 2007. 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.

### Outcome 08: Health and Safety and Risk Management

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

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

**Findings:**
There were 25 reported incidents of residents falling in the previous three months prior to this inspection. From analysis of these notifications, it was evident that pre and post falls assessments for some residents needed reviewed, and the use of falls prevention equipment such as, alarm mats, and low low beds should be considered as a falls prevention strategy for some residents.

The fire safety equipment was maintained by the person in charge, however; bedroom and corridor doors were kept open by wedges during the inspection. The person in charge agreed to immediately remove all wedges and to install emergency release magnets to the doors.

**Judgment:**
Non Compliant - Moderate

### Outcome 14: End of Life Care

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
The centre had an end-of-life policy in place. Staff had a good understanding of end-of-life care and best practices, which upheld the dignity and respected the autonomy of residents. Resident's received end-of-life care which met their physical, emotional, social and spiritual needs.
Relatives of residents who had died in the previous year returned completed questionnaires. They stated that care was provided in a kind and sensitive manner. The residents’ privacy and dignity were maintained, and residents who shared a bedroom were offered to be transferred to a single room (if available).

Relatives said they were facilitated to stay in the bedroom with their loved one or sit in the visitors’ room when their relative’s were very near end of life. The inspector’s viewed the visitors’ room, it appeared homely and contained comfortable seating; this room was open, and relatives confirmed it was accessible at all times. Relatives also expressed satisfaction with the continual support provided to them before, during and after their relative’s death. Residents viewed mass daily via video link from the local church. The priest also visits residents frequently when at end-of-life stage of long-term care.

The centre had a small oratory for residents or family to sit and have time alone, and say a prayer if they wish to do so. A bed-side altar was made up with religious and cultural items for use when death was near or had occurred in the centre. The person in charge informed the inspector that the local funeral parlour was often used to wake the residents, and for non-family members to visit and pay their last respects. Staff informed the inspector that they always attend a resident’s wake and funeral, and residents are facilitated to attend the funerals if they wished. The inspector viewed certificates of two nurses and six care staff that had received training in end-of-life care.

Care and documentation in relation to end-of-life care for residents were well maintained, for example; resident’s assessments, care plans and nursing evaluation’s were in date and regularly reviewed. Resident’s assessments reflected the resident’s death and dying preferences/wishes. Resident’s had clearly outlined their preferences for end-of-life care, and this was documented in the resident’s care plan.

The inspector noted that meetings were held with the resident, their family members and their General Practitioner’s, (G.P.’s) to discuss end of life care of the resident. For example; in one case, the patient had requested that they did not want any emergency life saving treatment and the General practitioner had diagnosed that the patient was in the terminal phase of an illness, and life saving treatment was not beneficial to the patient, and a DNR (Do not Resuscitate) order was documented on the residents medical file by the G.P. The residents end of life plans also included issues, such as whether they wanted to return home, pain relief measures such as the involvement of a palliative care team, to monitor the residents pain daily and keep the resident comfortable near end of life.

Resident’s wishes regarding prayers, music and the priest they would like to oversee their funeral, including the undertaker they wished to oversee their funeral were also documented in the files viewed by the inspector.

The person in charge stated she sent a personalised sympathy card to the relatives from staff in the centre. The person in charge had information books and leaflets available to relatives relating to support services in the locality and information relating to the bereavement process. Those residents who died in the past year were remembered at the annual mass service held in the centre where a candle was lit in memory of each of the deceased residents. The inspector viewed a number of thank you cards with
personal messages, thanking the management and staff for the care of their family member while living in the nursing home.

The end-of-life policy stated that assistance in meeting residents’ multi-denominational spiritual needs would be met, and the policy outlined the procedures for caring for the deceased residents from other religious domination to guide staff. The procedure for verification and notification of death were outlined in the centre's policy and staff spoke to could articulate practice in this area.

The person in charge stated that the resident's belongings were returned to the family at an agreed time following the funeral and the person in charge confirmed that the deceased resident's property was packed in boxes or an appropriate piece of luggage.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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

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

**Findings:**
There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy. Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements.

Nutritional and clinical care assessments, planning, implementation and evaluation were documented in the residents care files. Residents were assessed on admission and reviewed on a three-monthly basis with numerous validated assessment tools including one specific to food and nutrition. A baseline weight was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk.

Assessments were detailed and reflected the residents' individual needs. Each resident had a corresponding care plan, which detailed the nursing care, medications and food supplements prescribed. There was evidence of specific care recommendations from visiting multi-disciplinary team members and the General Practitioners (G.P.’s) instructions were recorded on the residents file. However, there was evidence in two of the residents files, that they were not referred to a dietician for ongoing weight management reviews; despite some resident’s suffering significant weight loss, and inability to swallow due to their medical condition. For example, one resident had a low
BMI of 17 and had a weight of 42.7kg and a MUST of 2 without being referred to a dietician for a review. Another resident had lost 5.6kg in weight in six months between dietician reviews. The Person in charge stated that the resident refused food despite staffs best efforts to try different foods, and staff had alternated the times that food was offered to the resident.

The inspector observed breakfast and lunch. The food provided was varied and was fortified where appropriate to meet resident’s particular nutritional needs. There was a fresh supply of drinking water available to all residents in the centre. Meals served were hot and attractively presented, nutritious and wholesome. A menu was displayed in the dining room showing the choices available with individual preferences readily accommodated. Nursing and care staff monitored the meal times closely and second helpings were offered to resident's.

Residents who required assistance received this in a sensitive and appropriate manner. There was an emphasis on residents’ maintaining their independence. Equipment such as non-slip plate mats and multi-handled cups were available and used by residents. Breakfast was a relaxed affair with residents either receiving breakfast in bed or sitting out in a chair in their room, or going to the dining room. Some residents that had dementia were receiving their breakfast in bed from 6.45am however, the person in charge informed the inspector that these residents were in bed early in the evening and they were awake early and were ready for their breakfast.

Residents were offered choices of tea, coffee, juices, toast, cereals and porridge. Lunchtime was social and unhurried. The dining room tables were set in an attractive fashion with all required condiments, cutlery and crockery to meet the resident’s individual needs. Residents requiring modified consistency meals, such as pureed, had the same choice as other residents. All meals were attractively presented in individual portions. Residents requiring pureed food could clearly identify what they were eating as each food was presented separately on their plate. The quality of the food was good, and the quantities reflected the residents’ individual dietary requirements, which were also reflected in their care plan. All residents spoken to were complimentary of the food provided. Evening meals were served at 4.30pm with further tea and snacks at 7.30pm. Drinks and snacks were readily available throughout the day.

There was clear, documented system of communication between nursing and catering staff regarding residents’ nutritional needs. The inspector spoke to the chef who was very knowledgeable about special diets and food fortification options for individual residents. The chef regularly met with the person in charge to ensure the overall menu was healthy and met residents’ needs.

Residents stated that they could request additional snacks or drinks if they were feeling hungry. The kitchen was maintained in a clean and hygienic condition with good supplies of fresh and frozen food. Staff had received training in relation to food and nutrition and demonstrated and articulated good knowledge of how to provide optimal care for residents.

**Judgment:**
Non Compliant - Minor
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:

Thelma O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>07/07/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22/10/2014</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 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Pre and post falls assessments needed to be reviewed for some residents as there was a high incidence of falls in this centre.

Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
All residents will be assessed for falls using fraze falls risk assessment on admission, they will be reassessed three monthly and after every fall. Post fall plan of care will be put in place & actions recommended by Physio will be put in place to reduce risk of further falls.

**Proposed Timescale:** 01/10/2014

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Bedroom and corridor doors were held open with door wedges during the inspection; magnetic fire door releases are required for bedroom and corridor doors in this centre.

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

**Please state the actions you have taken or are planning to take:**
All wedges were removed on 8/7/14, Magnetic door releases have been installed on rooms where residents request doors to be left open.

**Proposed Timescale:** 15/09/2014

**Outcome 15: Food and Nutrition**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents were identified as requiring closer monitoring and reviews by a dietician.

**Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
Nutritional assessment using the MUST tool completed on all residents monthly, those
assesses at high risk (MUST ≥1) will be referred to GP to make referral to Dietician. Dietician’s instructions will be carried out and residents will be continuously monitored

**Proposed Timescale:** 01/08/2014