<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sonas Nursing Home - Ard na Greine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000385</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Enniscrone, Sligo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>096 37840</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:enniscrone@sonas.ie">enniscrone@sonas.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Sonas Nursing Home Management Co. Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John Mangan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Marie Matthews</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>48</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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</tbody>
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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 inform a registration renewal decision. This monitoring inspection was announced 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>23 September 2014 10:00</td>
<td>23 September 2014 18:00</td>
</tr>
<tr>
<td>24 September 2014 10:00</td>
<td>23 September 2014 16:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Outcome 04: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Outcome 06: Absence of the Person in charge</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Outcome 08: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Outcome 10: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
The purpose of this inspection was to inform a renewal of registration decision and to vary the conditions of registration by reducing registered beds from 58 to 52 and changing the centres name from Sonas Care Centre to Sonas Nursing Home Ard na Greine.

The provider had also notified the Authority of a change to a person participating in the management of the centre. This new Clinical Nurse Manager (CNM) was interviewed in the course of the inspection. Prior to the inspection the inspectors reviewed written evidence, from a suitably qualified person confirming the building meets all the statutory requirements of the Fire and Planning Authority, with regard
to the use of the building as a residential centre for older people

This report sets out the findings under 18 Outcomes relating to compliance with current regulations and standards. The person authorised on behalf of the provider, person in charge (PIC) and staff team were available in the centre to facilitate the inspection process. The inspector also reviewed feedback from residents and relative questionnaires which were received prior to the inspection.

The inspector found that systems and appropriate measures were in place to manage and govern this centre. The provider and person in charge were responsible for the day to day governance, operational management and administration of services and resources. A positive attitude to compliance was demonstrated by the provider and person in charge and other staff.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. Training was provided to staff relevant to their roles and responsibilities.

The environment was comfortable, warm, clean and well maintained. Some double rooms had been reconfigured to single rooms and a single room had been refurbished as a visitor's room/ additional sitting area for residents. Staff were knowledgeable regarding residents' needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the care and services provided.

There was evidence of good practice in many aspects of the service however areas for improvement were also highlighted which included reviewing the risk management policy, compiling a report on the audits completed and reviewing staffing levels at night time to ensure residents' needs were met.
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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centres statement of purpose accurately described the services provided but required minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, arrangements for consultation with residents did not refer to the centres newsletter or feedback on audits carried out and there was not sufficient detail included on how each resident’s privacy and dignity was respected.

**Judgment:**
Non Compliant - Minor

### Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Resources were in place to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure that identified the lines of authority and appropriate management systems were in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. A schedule of audits was in place to monitor the quality and safety of care.
and the quality of life of residents on an annual basis and the inspector observed that improvements were brought about as a result of the learning from the reviews carried out. However, there was no evidence that feedback on the various audits carried out was shared with residents or their representatives.

**Judgment:**
Non Compliant - Minor

### Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A written residents’ guide was available in the centre which contained information about the services provided.

Each resident had a written contract in place, however, on reviewing a random sample of contracts, the inspector found that not all contracts set out clearly the fees charged for additional services. The provider showed the inspector a new contract which was in draft form which he intended to issue to all residents which more clearly set out any services which incurred an additional fee. This was been rolled out to all residents in the centre.

**Judgment:**
Non Compliant - Minor

### Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
**Findings:**
The person in charge had not changed since the last inspection. She was a registered nurse with the required experience in the area of nursing older people. She worked full-time in the centre. She was supported in her role by a clinical nurse manager and the other staff nurses and care staff. There were appropriate deputising arrangements in place in her absence. Throughout the inspection, she demonstrated a commitment to delivering good quality care to residents. All documentation requested by the inspector was readily available. The provider also attended the centre regularly. The PIC said she met was supported also by the provider.

The person in charge demonstrated a good knowledge of the Regulations, the Authority’s Standards and her statutory responsibilities. She had good knowledge of residents’ assessed needs, their planned care and conditions. She maintained her clinical skills by undertaking on-going professional development. Since the last registration inspection she had completed a diploma in Gerontology and attended various other courses in areas including restraint, infection control, dementia, cardio-pulmonary resuscitation and the on an early warning score assessment tool.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 05: Documentation to be kept at a designated centre</strong></th>
</tr>
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<tbody>
<tr>
<td>The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector saw that records required under the regulations were appropriately maintained so as to ensure completeness, accuracy and ease of retrieval. Records were stored securely in the PICs office, which was locked when not in use.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Each policy had a completed form at the front with the signatures of staff members indicating they had read the policy. The centres policies on risk management required review to provide comprehensive guidance on ensuring the safety of residents.
A Residents’ Guide had been made available to residents and was on display in the centre. The residents register was up to date and reflected schedule three of the Regulations. An up to date insurance policy was in place for the centre which included cover for resident’s personal property of up to €1000 per item as specified in the Regulations.

**Judgment:**
Non Compliant - Minor

### Outcome 06: Absence of the Person in charge

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence. A new Clinical Nurse Manager was in post since the last inspection who deputised for the person in charge in her absence. The inspector verified her fitness to deputise through questioning during the inspection.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. A review of incidents showed that there were no allegations of abuse in the centre. Staff spoken with during the inspection displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. There was a policy, which gave instructions to staff on how to manage behaviours that challenge.

Residents spoken with and those who had completed the Authority’s questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that they can use the call bell at any time and the staff will answer this promptly. Residents said “they always feel safe and they could talk to any of the staff and the centre is staffed 24 hours a day”.

There was a visitors’ record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector saw that this was signed by visitors entering and leaving the building. The centre was further protected by a key padded lock on the main entrance and by closed circuit television system which monitored the entrance and exit points. A missing person policy was in place to protect residents and regular drills were carried out to ensure staff could respond promptly in the event of a resident leaving the centre unexpectedly.

Judgment:
Compliant

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):
This was the centre’s first inspection by the Authority.

Findings:
Arrangements were in place to ensure that the health and safety of residents and visitors to the centre was promoted. However, there were some areas where improvements were required.

Fire detection and prevention systems were in place in the centre. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were regularly serviced. Daily inspections of fire exits were carried out and the inspector saw that all fire exits were unobstructed. A personal evacuation plan was documented in each resident’s care plan detailing the assistance the resident would require in the event of an emergency evacuation.
There were training records available which confirmed that all staff had attended training on fire prevention and evacuation. Alert procedures to be taken in the event of a fire were displayed throughout the centre however they were printed in a small type face which was difficult to read and follow. Illuminated directional emergency lighting was also positioned throughout the centre although the inspector observed that some of these were not ideally positioned to indicate the nearest fire escape. This was discussed with the provider who agreed to move signage immediately.

Manual handling assessments had been carried out for residents and were kept up to date. Training records reviewed confirmed that all staff had been trained in the safe moving and handling of residents. Staff were observed using safe practices to when assisting residents to mobilise. The centre was clean and infection controls were in accordance with the good practice guidance. A colour coded cleaning system was in operation, hand sanitising gels were used by staff and cleaning schedules were observed to be in use throughout the centre. Arrangements were in place to ensure the segregation and disposal of waste.

Policies to manage risk included a health and safety statement and a risk management policy. The risk assessments included as part of the Health and Safety Policy were generic in nature and didn’t adequately guide staff on the management of some areas identified in the regulations. For example, the risk of absconson was identified but there was no reference to the centres policy on missing persons or the drills carried out. Similarly the risk from residents smoking was included but the precautions observed in practice to protect residents and staff were not described in the controls listed. A separate log of equipment requiring maintenance was maintained and the inspector saw that the maintenance staff member addressed things promptly once logged.

An emergency plan was in place to guide staff in responding to untoward events. The plan outlined the procedure to follow in the event of fire, flooding and other adverse events. Practical and safe contingency arrangements were in place should it be deemed necessary to evacuate the building. A place of safety for relocation was identified.

Clinical risks were identified in residents’ care plans and care plans put in place to address issues affecting residents such as the risk of falling, developing a pressure sore or weight loss. There were arrangements in place for recording and investigating untoward incidents and accidents. A description of each fall by a resident was maintained and neurological observations were recorded where a resident sustained a fall un-witnessed or when observed to hit their head on falling to determine if a head injury had been sustained and/or the level of consciousness affected.

**Judgment:**
Non Compliant - Moderate
# Outcome 09: Medication Management

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
The Inspector found that each resident was protected by the centre’s policies and procedures for medication management. Prescription and administration records reviewed by the inspector were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

Medication was supplied in individual pods for each resident’s administration times. A picture of the resident was displayed on each pack to help ensure medication was administered to the correct resident. There was evidence of that medication audits were completed every three months to identify areas for improvement and corrective actions were identified and auctioned. There was a system in place to record any medication errors or near misses. The pharmacist was involved in medication safety and review in the centre.

There were appropriate procedures in place for the handling and disposal of unused and out of date medicines. The procedure for monitoring residents on blood thinning medication required minor revision to ensure that the date when the residents bloods were due for re-testing was always recorded in the nurses diary.

**Judgment:**
Non Compliant - Minor

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# Outcome 10: Notification of Incidents

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Practice in relation to notifications required review. Although quarterly notifications were received by the Authority, there was some variance in the dates they were submitted which was not in keeping with the dates specified by the Authority. This was pointed out by the inspector at the inspection and the PIC noted the correct dates for future submissions. The inspector also saw that one accident included on the centres quarterly report which should have been separately notified to the authority as it concerned a resident who required hospital treatment.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The inspector found evidence that resident’s wellbeing and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care.

The inspector reviewed a sample of residents’ care plans and medical files. There was evidence of timely access to GP services and allied support services. A physiotherapist was employed by the provider and worked between three centres. There was evidence in the care plans reviewed of residents having regular physiotherapy particularly post surgery or if the resident sustained a fall. Records were maintained of all referrals to specialists or support services which included speech and language therapy, foot specialists, chiropody, dietetics, optics and occupational therapy and the inspector observed that the dates for follow-up appointments recorded resident been actively involved in an assessment to identify their individual needs and choices.

Pre admission assessments were evident in the care plans reviewed and the assessment tools used reflected evidence based practice. The inspector saw that the care delivered encouraged the prevention and early detection of ill health and enable residents to make healthy living choices. Residents’ weights, blood pressure, temperature and heart rate
were checked monthly. An early warning assessment tool had been introduced since the last inspection based on national best practice, to alert staff to deterioration in the residents’ condition. It included a protocol for the escalation of care and transferring residents to hospital. Staff interviewed were very positive about the introduction of this tool which replaced a previous system of recording monthly observations, however, in practice the inspector found some gaps in the completion of this document which the PIC said were because it had been only recently introduced.

A schedule of vaccination for the flu vaccine had commenced. Residents with conditions such as diabetes were regularly screened.

There was evidence that care plans were made available to the residents and in the sample of care plans reviewed the resident or their family had signed to indicate their involvement. Care plans were reviewed on an ongoing basis at least every four months and more often if there was a change in a resident’s condition. A supplementary monthly assessment tool had been recently introduced for use by care staff and this collected valuable information on the residents’ activities of daily living.

There was evidence that consent was obtained from residents on admission however in one care plan reviewed the consent form was not signed by the resident. The inspector reviewed the care plan of a resident who had episodes of challenging behaviour. A behaviour mapping tool was in use to assist staff to identify and avoid potential triggers. Although there was evidence of regular review of the care plan to manage the behaviour, the inspector identified that there were inconsistencies between the assessments which said there were daily episodes of mild challenging behaviour while the summary review stated that there were no reported incident.

There were opportunities for residents to participate in activities that suited their needs, interests and capacities which included a knitting club and group exercise and reminiscence therapy. Storey boards and photographs were used to stimulate conversation with residents who were cognitively impaired. A record of the activities completed by each resident was recorded daily by the care staff. Where a residents chose not to take part in an activity this was respected and documented. Records indicated that residents were taking part in a range of activities which included baking, gardening, sing alongs, bingo and outings to places of interest. Where a residents chose not to take part in an activity this was respected and documented.

Judgment:
Non Compliant - Minor

**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was specifically designed to meet the needs of residents. Handrails were fitted to both sides of the corridors to assist the independent movement of residents around the building. All entrance and exit doors were ramped ensuring ease of access for residents with mobility impairment. Doorways and corridors throughout the building were of suitable width to accommodate wheelchair users. Safe floor covering was provided throughout the building. The inspector observed residents move freely around the building during the inspection.

There was a call bell system in place at each resident’s bed with which residents were familiar and found easy to use. The inspector observed that the centre was comfortably warm. Under floor heating was provided throughout and individual thermostats allowed the temperature in each bedroom to be adjusted to suit residents’ preference. There were controls in place to ensure the temperature of the hot water did not pose a scald risk.

En-suite bathroom facilities in were suitably adapted to meet the needs of residents. All showers and toilets were provided with hand rails and an emergency call system. Showers were level with the floor finish providing ease of access. Bathrooms were clean and well maintained. sluice rooms were clean and well equipped with stainless steel sinks, wash hand basins and storage areas for bedpans. A bed pan washer was provided.

There was appropriate assistive equipment provided for residents such as specialised beds, pressure relieving mattresses, walking frames, hoists and wheelchairs. Maintenance records reviewed confirmed that specialised equipment was regularly serviced.

Staff facilities were provided which included toilets and a shower. Separate toilet facilities were provided for catering and care staff in accordance with best practice for infection prevention. There are two enclosed gardens provided with seating available for use by residents. Raised beds had been put in by a volunteer during the summer with the assistance of some of the residents.

The provider had reconfigured some bedroom accommodation and reduced the occupancy of the centre to comply with the Authorities standards. Four two bedded rooms which were not of adequate size had been converted to provide single bedrooms and one single bedroom room was converted to provide an additional sitting room and a place where residents could receive visitors in private for residents on the first floor. The PIC also identified one further double room which she planned to reconfigure as a single room once the room is vacated by one of the resident currently occupying it. Bedrooms were well furnished and equipped to assure the comfort and privacy needs of residents.
Additional storage space had been created in a room off one of the bathrooms to store equipment and assistive devices in a discreet and safe manner, however, this room could only be accessed through the residents’ bathroom which could impact on the privacy of residents if staff needed to access equipment while the room was in use. The window in the sluice room was closed, there was no other mechanical ventilation provided and resulting in this room being poorly ventilated at the time of inspection.

**Judgment:**
Non Compliant - Minor

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### Outcome 13: Complaints procedures

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

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

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

**Findings:**
There are policies and procedures for the management of complaints. The inspector reviewed the centres policy which was displayed in the reception area accessible to all residents. Residents spoken with said that any issues raised were responded to by staff and they didn’t feel they needed to use the procedure. The nominated person to deal with all complaints was the A/PIC in her absence. An appeals process was also included where by the provider or a person nominated by the complainant could adjudicate on a complaint.

The person in charge maintained the complaints log. The inspector found that both verbal and non-verbal complaints were documented which included the investigations or actions undertaken to resolve the complaint. There were no complaints recorded in the previous 6 months however the log indicated complainant’s satisfaction with the outcome of previous complaints recorded.

**Judgment:**
Compliant

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

Findings:
The last inspection of this centre was a thematic inspection in November 2013 which focused solely on end-of-life care and nutrition. The inspector found that this centre to be substantially in compliance in both of these outcomes.

On this inspection, the inspector saw that residents’ end of life wishes and preferences were documented in their care plans. The end of life policy had been amended in response to the last inspection and guidance had been included to help staff to identify when a resident should be referred to the palliative care team. Pain assessment tools were used to help determine appropriate analgesic levels and the nursing staff described good access to specialist palliative care services. Staff had attended end-of-life training and two nurses had completed the hospice friendly programme in 2013.

Most residents were accommodated in single rooms and the PIC and staff confirmed that overnight facilities and refreshments were made available to residents’ family members and friends during end-of-life care.

Judgment:
Compliant

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:
As previously stated, the last inspection of this centre was a thematic inspection in November 2013 which focused solely on end-of-life care and nutrition and the inspector found the centre to be in compliance in this area.

On this inspection the inspection verified that staff were aware of the centres policy on nutritional intake and that systems were in place to ensure that residents did not experience poor nutrition and hydration.
The inspector saw that a nutritional assessment was completed for each resident on admission and any special dietary requirements were addressed. Residents were weighed monthly. Those identified as at risk of weight loss were weighed more frequently and referred to a dietician for advice. The inspector saw that advice from specialist such as the dietician or speech and language therapist was recorded in
residents’ plans and relayed to kitchen staff who maintained a copy of the assessments and a list of the special dietary requirements.

The inspector interviewed catering staff who was very aware of residents’ preferences, likes and dislikes as well as those requiring modified diets. There was an emphasis on home cooked food and a selection of home-made cakes, scones and soup were made daily by the catering staff. Residents interviewed during the inspection said they particularly enjoyed the home baked goods and they confirmed that they could request additional snacks or drinks between meals if they were feeling hungry.

The inspector observed the main meal on the second day of inspection. Tables were appropriately set and residents came and went according to their preference. Residents were offered appropriate assistance in a discreet and sensitive manner and enabled to eat and drink when necessary. The inspector observed that during the evening meal residents on pureed diets were not offered the same choices as other residents.

**Judgment:**
Non Compliant - Minor

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**Outcome 16: Residents’ Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
Those residents interviewed and those who completed questionnaires prior to the inspection said they were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely and have visitors at any time. As previously stated under outcome 12, a single bedroom room had been converted to provide an area where residents could receive visitors in private if they preferred.

Each resident had a telephone point in their bedroom and the inspector saw that some residents had chosen to have their own telephone. Staff were observed to knock on resident’s bedroom doors before entering. All shared rooms had curtains that protected the privacy and dignity of residents. Residents had access to radio, television, newspapers and information on local events. The inspector observed that relatives could visit the centre at any time during the day or at night if a resident was ill. Meal times were protected and visitors were asked not to visit during meals. (Exceptions were made
to this rule where relatives wished to assist residents with meals.)

Routines and practices were in place to help maximize residents’ independence. The physiotherapist was working with a number of residents to help rehabilitate their mobility so they could return home. The inspector was shown a number of satisfaction surveys carried out with residents and relatives and corresponding actions taken by the provider to address issues raised. A newsletter was also produced monthly.

**Judgment:**
Compliant

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**Outcome 17: Residents’ clothing and personal property and possessions**

*Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

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

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

**Findings:**
There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. Those interviewed said their clothing was well looked after and expressed satisfaction with the service provided. The inspector saw that adequate space was provided for residents’ personal possessions. Small amounts of pocket money was kept for some residents and the inspector saw that a safe system was in place to ensure records were maintained of all transactions and these were signed by two staff members.

The laundry room was spacious and the inspector observed that it was clean and well equipped. There was a policy on the management of residents’ personal property. A record of each individual’s property was completed on admission, however, in the selection of files reviewed this was not always updated at regular intervals.

**Judgment:**
Compliant
**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The PIC said that the assessed needs and dependency of each resident was what determined staffing levels. There were 48 residents accommodated on the day of inspection. 29 residents had maximum dependency needs, 16 had high dependency needs. A further 3 residents were assessed as having medium dependency needs.

The inspector viewed the staff duty rota. The rota showed the staff complement on duty over each 24-hour period. The inspector also saw from the rota that staffing levels were consistently allocated during the week including at weekends. There was a nurse on duty at all times. Between 8am and 8.30 pm there were two nurses on duty (in addition to the PIC.) and this reduced to one nurse at night time. Staff told the inspector they managed their duties by one nurse starting the night time medication round at 8pm while the second nurse did a handover to the nurse coming on duty. The nurse on night duty then completed the medication round. There were 10 care assistants on duty every morning and this reduced to 7 in the evening. At night there were four care assistants on duty until 9pm, reducing to three up until 11pm and two from 11pm until 8am. Questionnaires’ completed by residents and relatives prior to the inspection indicated satisfaction with staffing levels.

There were good interactions observed between staff and residents who chatted with each other in a relaxed manner. Staff members spoken with were knowledgeable of residents’ individual needs. Staff interviewed said they had sufficient time to ensure adequate care to residents during the day but that night time was very busy given the layout of the building over two floors. There were not high levels of falls recorded in the centres accident log, but of those notified, two residents had sustained fractures. It was not evident that the numbers /skill mix of staff at night time was appropriate to the meet the needs of the 48 residents given the size and layout of the centre over two floors and high number of residents with maximum to high dependency levels and the provider was asked to review night time staffing levels.
A sample of three staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed. All nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland).

Annual appraisals were completed by the Acting PIC and these were available of the personnel files. A training analysis form was used by the PIC to determine ongoing training needs and the inspector saw that staff had access to ongoing education in a range of areas including nutritional care, challenging behaviour, CPR (Cardio Pulmonary Resuscitation) and restraint. All staff had completed mandatory training in Adult protection, Fire Safety and Manual Handling.

**Judgment:**
Non Compliant - Moderate

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**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 ¹

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sonas Nursing Home - Ard na Greine</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000385</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04/11/2014</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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose required minor changes to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
Statement of purpose update to include a reference to the nursing home newsletter and how feedback on audits is to be carried out. Section of “Resident privacy and dignity” will be updated to give more clarity on how each resident’s privacy and dignity is to be respected.

Proposed Timescale: 01/12/2014

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that audits carried out were done in consultation with residents and their families or that findings were shared with them.

Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:
An annual review of the quality and safety of care will be compiled in consultation with residents and their families and a copy of the review will be made available to resident and families.

Proposed Timescale: 01/01/2015

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some of the residents contracts reviewed did not include details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.
**Action Required:**
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

**Please state the actions you have taken or are planning to take:**
Contract will be updated to comply with requirements of regulation of 24(1)

**Proposed Timescale:** 01/12/2015

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**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centres policies on risk management required review to provide comprehensive guidance on ensuring the safety of residents.

**Action Required:**
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
Risk management policy will be updated to provide comprehensive guidance on ensuring the safety of residents.

**Proposed Timescale:** 01/12/2014

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**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:**
The risk assessments included as part of the Health and Safety Policy were generic in nature and didn’t adequately guide staff on the management of some areas identified in the regulations.

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

**Please state the actions you have taken or are planning to take:**
The risk assessments included in the Health and Safety Manual was an annual risks assessment of the building only, as required by the HSA. Subsequent actions were complete to ameliorate the identified risks.

All other risks are included in the risk register and this will be reviewed at least monthly or if other risk is identified, it will be immediately include in the risk register.

**Proposed Timescale:** 01/12/2014

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The procedures to be followed in the event of fire were displayed in a prominent place but were not of sufficient size for residents to be able to easily read.

**Action Required:**
Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

**Please state the actions you have taken or are planning to take:**
Risk register updated to include the precautions to protect residents who are smoking. These are presently being implemented in practice and completed
Risk Register updated to include details in Missing person policy and completed.
Emergency lighting will be relocated to indicate nearest fire escapes.
Procedures to be followed in the event of fire will be enlarged for residents to be able to easily read.

**Proposed Timescale:** 01/01/2015

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Illuminated directional emergency lighting was also not ideally positioned to indicate the nearest fire escape.

**Action Required:**
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.
Please state the actions you have taken or are planning to take:
Illuminated directional emergency lighting will be rearranged to indicate the nearest fire escape.

Proposed Timescale: 01/12/2014

Outcome 09: Medication Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy and process for prescribing and administration of blood thinning medication required minor improvement to ensure that the date when bloods were due for monitoring was recorded in the diary used daily by nurses.

Action Required:
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
Risk management policy will be updated to provide comprehensive guidance on ensuring the safety of residents

Proposed Timescale: 01/12/2014

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Quarterly notifications were not received by not Authority within the required time frames.

Action Required:
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

Please state the actions you have taken or are planning to take:
Quarterly notifications will be submitted to the Authority within the required time frames.
**Proposed Timescale:** Completed

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
the inspector identified that there were inconsistencies between some care assessments and the summary reviews carried out.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
New system of monitoring residents observations were introduced namely Care Homes Early Warning Score (CHEWS) which is considered as best practice in this area. All Nursing staff receiving training in CHEWS. We have had minor teething problems during the initials phase but now have system perfected. RNs will receive further training on Behaviour Mapping and Bartel dependency score.

**Proposed Timescale:** 01/12/2014

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A new storage room did not have its own entrance and could only be accessed through the residents’ bathroom.

**Action Required:**
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Please state the actions you have taken or are planning to take:**
Storage room entrance will be reconfigured. Ventilation in Sluice room upstairs will be in situ by 1/2/15

**Proposed Timescale:** 01/03/2015
**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:**  
Residents on pureed diets were not consistently offered the same choices as other residents.

**Action Required:**  
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

**Please state the actions you have taken or are planning to take:**  
All resident regardless of food consistency will be offered the same food choices.

**Proposed Timescale:** Completed

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**Outcome 18: Suitable Staffing**

**Theme:**  
Workforce  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The numbers /skill mix of staff at night time required review to ensure it is appropriate to the meet the needs of the 48 residents given the size and layout of the centre over two floors with a high number of residents with maximum to high dependency levels

**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:**  
Having reviewed the staffing levels using a scientific staffing tool and the admission of additional high dependency residents our staffing numbers will be increased at night to 4 staff members.

**Proposed Timescale:** Completed