

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Sonas Nursing Home - Ard na Greine
<b>Centre ID:</b>	OSV-0000385
<b>Centre address:</b>	Enniscrone, Sligo.
<b>Telephone number:</b>	096 37840
<b>Email address:</b>	enniscrone@sonas.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sonas Nursing Homes Management Co. Limited
<b>Provider Nominee:</b>	John Mangan
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	Mary McCann
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	47
<b>Number of vacancies on the date of inspection:</b>	5

## **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.

**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 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: 08 June 2016 11:00 To: 08 June 2016 22:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant

**Summary of findings from this inspection**

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. Inspectors focused on six outcomes that had direct impact on dementia care and followed up on the actions from the previous inspection completed in September 2014. There was a positive response to the action plan and all of the actions had been addressed. The Person in Charge was on leave at the time of the inspection and the provider nominee who is a registered nurse providing cover. He was supported by a general manager who was new to the centre. HIQA had been notified appropriately of these arrangements. At the time of this inspection, there were 47 residents accommodated, of which eight had a formal diagnosis of dementia. A further 12 had some element of cognitive impairment.

During the inspection inspectors tracked the journey of a number of residents with

dementia within the service. An observational tool (QUIS) in which social interactions between residents and care staff are coded as positive social, positive connective care, task orientated care, neutral, protective and controlling or institutional care/controlling care was used by the inspectors. The results of this were very positive with inspectors observing very positive connective care. (This is discussed under the Outcome on Rights, Dignity and Consultation). At the request of the Authority the provider had submitted a completed self assessment on dementia care together with relevant policies and procedures. This stated that the centre was substantially compliant with outcomes relating to Health and Social Care Needs, Safeguarding and Safety, Complaints Management, Suitable Staffing and Safe and Suitable Premises. The Provider had identified some areas for improvement for the outcome relating to Residents' Rights, Dignity and Consultation Inspectors concurred with the providers' assessment however areas for improvement were identified in relation to the outcome on Health and Social Care Needs. These are discussed under outcome 1.

Inspectors found that residents were well known by staff and the care needs of residents with dementia were met. There was a relaxed atmosphere in the centre where residents had good input into how they spent their days. Residents were encouraged to maintain their interests and independence and could access the garden from the centre independently and were observed doing so throughout the inspection. Residents looked well cared for and told the Inspectors that they felt safe and were well cared for by the staff'. Pre admission assessments were completed which considered the health and social needs of the potential resident. Residents had opportunities to engage in meaningful activity. Group and individual Sonas (a therapeutic activity for residents who are cognitively impaired) were provided for residents. Residents' healthcare needs were met and the general practitioners visited regularly. Improvements were identified in relation to care planning to ensure they were person centred and were updated as required. Inspectors also identified that improved signage and use of visual cues was required to help orientate residents with dementia. Staff demonstrated competency in managing behaviours associated with dementia however there was an absence of behaviour support plans to direct care and ensure a consistent approach.

At the feedback meeting at the end of the inspection, the findings were discussed with the Person in Charge and the general manager. Matters requiring improvement are discussed throughout the report and set out in the action plan at the end of this report in order to comply 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.

**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 Quality 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):**

No actions were required from the previous inspection.

**Findings:**

This outcome sets out the inspection findings relating to assessments and care planning, access to allied health professional, maintenance of records and policies supporting contemporary evidence based practice. The social care of residents with dementia is reported under Rights Dignity and Consultation. Inspectors followed the pathway of residents with dementia and tracked the journey from referral, to admission, to living in the centre. All aspects of care provided to include physical, psychological, social and emotional care was reviewed. Pre admission assessments were completed to identify residents' individual needs and choices. There was evidence of communication with family members and the referring agency/person. An admission policy was available and the Inspectors found that this was reflected in practice. Comprehensive assessments were completed for each resident and care plans were developed based on needs identified. Each resident was assessed for nutritional risk on admission and this was reviewed regularly thereafter. Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life was available. A physiotherapist was employed and attended the centre one day per week. Residents were facilitated to keep their own General Practitioner on admission to the centre if this was their choice. There was evidence in the medical files of access to the General Practitioner.

On review of residents' care files inspectors found that some care plans lacked sufficient detail to guide staff in the delivery of care. For example, one resident was prescribed PRN or 'as required' medication for a bowel condition which had not been administered even through the resident was described as having symptoms. On review of this resident's care plan inspectors found no reference to the residents' normal bowel pattern and no indication as to when the PRN medication should be administered. Another residents' care plan inspectors' reference catheter care however the resident in question no longer had a catheter. Care plans were generally reviewed on a four monthly basis but inspectors found that some had not been updated to reflect a change in the residents care needs and some evaluation records reviewed did not evidence that the care plan had been followed. For example, the care plan of one resident who was prone to urinary tract infections stated that regular checks on urine samples should be

completed however there was no recorded evidence that any such checks had been completed. In another instance, a mobility care for a resident who was no longer mobile stated that the resident required supervision walking. Residents' life stories were captured in their plans. However, further work is required to develop care plans for residents with dementia or cognitive impairment that described their level of independence, what they could do for themselves, who they still recognised and the activities they could participate in for all residents.

There were systems in place to ensure residents' nutritional needs were met. Inspectors observed residents having their lunch in the dining room. Adequate staff were available to assist and monitor intake at meal times. A few residents choose to have their meals in their bedroom and this was facilitated. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids was available to catering and care staff. In one record reviewed the inspectors identified inconsistencies between the prescribed supplement recorded on the residents medication chart and the supplement described in the residents care plan.

Inspectors met with the chef who had a good knowledge of the nutritional needs of residents. Residents told inspectors that they enjoyed the food and that they had choice and variety. The meals appeared hot and were well presented. Nutritional intake records were completed by staff where residents were at risk of weight loss. The kitchen was open 24hrs per day and snacks were available throughout the day. Inspectors saw residents being offered drinks throughout the inspection and residents told the inspectors that they could have a drink and/or a snack any time they asked for them. Residents' weights were checked on a monthly basis and nutritional care plans were developed. The advice of a dieticians and speech and language therapists was obtained where required.

There were arrangements in place to review accidents and incidents within the centre. Falls risk assessments were completed and care plans were in place to minimise risk. Each resident's moving and handling needs were identified. A risk assessment was completed for all residents who smoke. A plan of care was in place detailing the level of assistance and supervision required. An early warning assessment tool had was used by staff to alert them to any deterioration in the residents' condition. It included a protocol for the escalation of care and transferring residents to hospital. Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Each resident had their end of life preferences recorded and an end of life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There were procedures in place for the prevention, detection and response to abuse and inspectors found that residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia however some improvements were identified in the development of care plans to guide care. This outcome was judged to be substantially compliant in the self assessment, and inspectors also judged it as substantially compliant.

Staff demonstrated a good knowledge of adult protection issues. Those staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults which was delivered by a staff member. The person in charge is a qualified trainer for adult protection and promoting a restraint free environment.

Restraint management procedures were in line with national policy guidelines (the use of bedrails, lap belts or alert bracelet known in the centre as co-tags) in place. 12 residents had bedrails in place as enablers. There was a risk assessment completed prior to the use of any restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP. Restraint risk assessments were revised routinely and supported with a plan of care. The enabling function for each bedrail was not always outlined in the risk assessment documentation reviewed.

Residents with whom the inspectors were able to communicate verbally said they felt safe and secure in the centre, and felt the staff were supportive. There were policies in place to guide staff on managing behavioural and psychological signs and symptoms of dementia (BPSD). Staff were observed to be competent at managing behaviours and knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents but this information was not recorded in a care plan to ensure a consistent approach. Behaviours logs were being completed to identify triggers and to inform further planned reviews by the psychiatry team.

**Judgment:**

Substantially Compliant

***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:**

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at three different times for intervals of 30 minutes in sitting/dining area of the dementia unit and main sitting on the first floor. Observations were undertaken both in the morning and afternoon.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there was a high level of positive interactions between staff and residents. Staff chatted with and responded positively to residents when they initiated conversation and spent time encouraging residents to voice their views and opinions. Inspectors found that residents were consulted on the organisation of the centre. Monthly resident meetings were held with residents and minutes of these meetings indicated that residents were involved, in discussions about meals, activities, and day to day changes affecting residents.

Inspectors observed that staff were respectful and that residents' privacy and dignity was respected at all times. Residents' privacy was respected. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private. Residents with dementia had access to advocacy services through a national agency. Contact details were displayed in the centre. Residents told inspectors they could choose what they liked to wear and inspectors saw residents looking well dressed. Residents described being able to plan their own day within the centre.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Arrangements were in place for responding to complaints. The complaints procedure was displayed in the foyer and included an independent appeals process. There was a complaints policy in place which gave guidance to staff on the different types of



complaints.

The inspectors viewed a sample of complaints maintained in the complaints register and found that complaints were adequately responded to in a timely manner. The satisfaction level of the complainant was indicated by a tick box which was generally completed but was omitted in a small number of complainants.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

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

**Findings:**

Staffing levels had been increased in response to the action plan from the last inspection and there was an additional care assistant on duty at night time. From discussions with residents and with staff and from observations and review of staff rotas as well as documents such as the incident log, inspectors were satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. Two nurses and 11 care assistants were on duty in the morning and this reduced to 10 carers after 12pm. In the evening there were 6 care assistants on duty and this reduced gradually as residents retired to bed. At night time there was one nurse and 3 care assistants on duty until 11pm and from 11pm until 8am there was one nurse and two care assistants.

Residents spoken with confirmed that staff numbers were appropriate to meet their needs. A key worker system was in place. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. Staff knew residents well and could describe for inspectors their backgrounds and specialist interests. Two students from a nearby college were present on the day of the inspection and these were additional to the normal staffing allocation.

Training records were reviewed by inspectors there was evidence of an ongoing training schedule in place which included clinical areas such wound care, restraint management, gerontology and clinical auditing. Some staff in the dementia area had completed specialist training in dementia care. Most staff had completed mandatory training in fire safety, moving and handling and adult protection but inspectors found that a small number were overdue training in both adult protection and manual handling.

There were effective recruitment procedures in place, and a random selection of staff files were checked by one of the inspectors to ensure that all the requirements of

Schedule 2 of the Regulations had been met including Garda Vetting and appropriate references. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available

**Judgment:**

Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

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

**Findings:**

The centre was specifically designed to meet the needs of residents. Doorways and corridors throughout the building were of suitable width to accommodate wheelchair users. Handrails were fitted to both sides of the corridors to assist the movement of residents around the building and promote independence. Safe floor covering was provided throughout the centre and residents could move freely around the building.

The provider had completed an environmental audit and signage and visual cues were identified as requiring improvement. Some bedroom doors had personalised features to make them more easily identifiable to residents with dementia however inspectors found that better use of signage was required to help orientate residents particularly those with dementia, to identify specific areas such as the dining room and bathrooms and to prompt recognition of the residents bedrooms. Bathroom facilities 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. The centre was found to be well maintained, warm, comfortably decorated and visually clean.

Most of the residents with dementia were accommodated in an area at the rear of the centre. The design and layout this area was conducive to dementia care with smaller dining and communal areas. There were some dementia friendly design and decorative features that included space for residents to walk around freely, contrast in colours used for floors and walls, old furniture and memorabilia, contrasting colours on toilet seats. In discussions with the operational manager inspectors were told that further plans were in place to replace the lighting throughout the centre with a human centric system which helps support the natural daytime rhythm of residents. The emergency call bell system had already been replaced with a silent system where staff carried a hand held device which vibrated to alert them when a resident needed assistance which had resulted in a much quieter low arousal environment for residents with dementia.

The dining and sitting room was decorated and furnished in a way that prompted memory and orientation and the decor assisted to orientate residents with features

including an old dresser, lamps and hat hooks. There are two enclosed gardens provided which had seating, raised beds and a garden shed for use by residents. The weather was warm on the day of inspection and doors were observed to be opened onto the garden and residents were having their meal outside.

The entrance to the centre and to stairwells and service areas was secured in the interest of safety to residents. Bedroom accommodation consists of single and twin rooms and there were good levels of personalisation evident. 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. Residents spoken with confirmed that they felt comfortable in the centre. There were areas where residents could meet with visitors in private and an additional small sitting room /visitors' room was provided for residents on the first floor. The provider had reconfigured a storage room entrance to improve accessibility and ventilation was provided in the Sluice room upstairs. In response to the action plan from the previous inspection.

**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<sup>1</sup>

<b>Centre name:</b>	Sonas Nursing Home - Ard na Greine
<b>Centre ID:</b>	OSV-0000385
<b>Date of inspection:</b>	08/06/2016
<b>Date of response:</b>	25/07/2016

### 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some care plans lacked sufficient detail to guide staff in the delivery of care. One resident was prescribed PRN or 'as required' medication for a bowel condition which had not been administered even though the resident was described as having symptoms. On review of this resident's care plan inspectors found no reference to the residents' normal bowel pattern and no indication as to when the PRN medication should be administered. Another residents' care plan inspectors' reference catheter care

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

however the resident in question no longer had a catheter.

**1. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**

Deficits identified in care planning documentation during the inspection are corrected.

Full care planning audit is completed and staff are receiving care planning training according to the local policy and national guidelines.

**Proposed Timescale:** 01/08/2016

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Care plans not been updated to reflect a change in the residents care needs and some evaluation records reviewed did not evidence that the care plan had been followed. For example, the care plan of one resident who was prone to urinary tract infections stated that regular checks on urine samples should be completed however there was no recorded evidence that any such checks had been completed. In another instance, a mobility care for a resident who was no longer mobile stated that the resident required supervision walking.

**2. 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:**

Care plans are reviewed 4 monthly and more frequently if resident condition changes  
Care plan are reviewed after consultation with resident and/or family members and relevant members of the MDT.

Staff are receiving Care planning training and audits will be completed monthly initially to ensure that care plans are updated

**Proposed Timescale:** 01/08/2016

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff were observed to be competent at managing behaviours and knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents but this information was not recorded in a care plan to ensure a consistent approach.

**3. Action Required:**

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**

Staff are receiving Care planning training and audits will be completed monthly initially to ensure that care plans are updated and comply with best practice

**Proposed Timescale:** 01/08/2016

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The satisfaction level of the complainant was indicated by a tick box which was generally completed but was omitted in a small number of complainants.

**4. Action Required:**

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

**Please state the actions you have taken or are planning to take:**

Staff will ensure that all complaints will be dealt with to the satisfaction of the complainant and complaints forms will be fully completed.

**Proposed Timescale:** 01/08/2016

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

A small number of staff were overdue training in both adult protection and manual

handling.

**5. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**

All staff will have up to date mandatory training completed by the 30th of September 2016

**Proposed Timescale:** 30/09/2016

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Improved signage and visual cues were required to help orientate residents particularly those with dementia to identify specific areas such as the dining room and bathrooms and to prompt recognition of the residents bedrooms.

**6. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**

SWOT analysis of the residents living environment particularly those with a diagnosis of dementia will be completed. Plan with actions and timelines will be compiled.

**Proposed Timescale:** 01/12/2016