

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sonas Nursing Home Melview
Centre ID:	OSV-0000250
Centre address:	Prior Park, Clonmel, Tipperary.
Telephone number:	052 612 1716
Email address:	melview@sonas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sonas Nursing Home Management Co Limited
Provider Nominee:	John Mangan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	7

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
24 April 2017 12:00	24 April 2017 18:30
25 April 2017 09:00	25 April 2017 16:00

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	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Compliant

Summary of findings from this inspection

This inspection was carried out to review the care of residents with dementia and to finalise an application made by the provider to vary current conditions of registration.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. The journey of a number of residents with dementia within the service was tracked and care practices and interactions between staff and residents were observed using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed. The inspector reviewed the self assessment questionnaire and documentation which were submitted by the provider prior to inspection and noted that the relevant policies were in place.

Sonas Nursing Home Melview is a multi-storey building which provides residential care for 44 people. Approximately 34% of residents have dementia. There is no dementia specific unit. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. Safe and appropriate levels of supervision were in place to maintain residents' safety. There were policies and procedures in place around safeguarding residents from abuse. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

At the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Significant improvements had been made in relation to maximising residents' private and communal space. However, further improvement is required to finish off the planned renovations in the existing premises and to ensure that the premises is appropriate to the number and needs of the residents including residents with dementia.

In addition, the inspector found that the system in place to safeguard residents' monies was not sufficiently robust. Improvement was also required to ensure that residents' dignity was promoted at all times.

These are discussed further in the body of the report and the action required is included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia.

Residents and their families, where appropriate, were involved in the care planning process. Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of possible issues such as malnutrition, falls, level of cognitive impairment and their skin integrity. A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents and were updated routinely on a three to four monthly basis or to reflect the residents' changing care needs.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. The inspector noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by written policies.

Residents were satisfied with the service provided. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. The menus had been reviewed by a dietician. The inspector noted ongoing improvements in the choice and presentation of meals. The

inspector saw that a survey was recently carried out asking each resident if improvements were required. These suggestions were then incorporated into the menu cycle. The inspector observed the dining experience which was a social occasion.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dietitians and speech and language therapists where appropriate. When required nutritional and fluid intake records were appropriately maintained.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Practices in relation to medication management met with regulatory requirements and staff were observed to follow appropriate administration practices. Residents had access to the pharmacist of their choice and the pharmacist was available to meet with residents if required. The pharmacist undertook audits of medication practices and improvements were made. Records showed that staff received training on medicines management.

Staff provided end-of-life care to residents with the support of their GP and the community palliative care team who were available for advice and support. The inspector reviewed a sample of end-of-life care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care and other care preferences.

Judgment:
Compliant

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:
The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Improvement was required to ensure that the system in place to safeguard residents' monies were sufficiently robust.

Staff managed pocket monies for some residents. This was safely secured. However on checking the balances the inspector found that one was incorrect. Staff were unable to account for the discrepancy and written records did not contain sufficient detail. This was discussed with the provider and person in charge who undertook to address this immediately.

Otherwise the inspector found evidence of safe practices.

There was an elder abuse policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse.

Improvements were noted around the use of restraint. Staff had attended specific training. The inspector noted that appropriate risk assessments had been undertaken. Safety checks were completed when bedrails or lapbelts were in use. There was documented evidence that alternatives had been tried prior to the use of restraint as required by the centre's policy. Staff spoken with confirmed the various strategies that had been tried. Additional equipment such as low beds, sensor alarms and crash mats had also been purchased to reduce the need for bedrails.

There were policies in place about managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Policies were seen to give clear instruction to guide staff practice. Because of their medical conditions, some residents showed responsive behaviours. The inspector saw that assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. Assessments were completed following each episode and these were analysed to identify any possible trends or patterns. The inspector saw evidence of regular support from the psychiatry of later life services.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

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 inspector was satisfied that residents were consulted on the organisation of the centre, however improvement was required to ensure that residents' dignity was maintained at all times.

The inspector was not satisfied that sufficient care was taken to ensure that residents could undertake personal activities in private as required by the regulations. The inspector saw a resident having a blood sugar assessment while seated in the day room with other residents. Then this resident also received an abdominal injection with no screening in place. The inspector also noted that in some of the shared bedrooms, although screening was in place, it was not correctly positioned around the residents' beds.

As part of the inspection, the inspector spent a period of time observing staff

interactions with residents with a dementia. The observations took place in the day rooms and dining rooms. The results indicated that the majority of interactions demonstrated positive connective care. The inspector noted that the atmosphere was homely and staff spoke with residents in a calm respectful manner. The inspector also noted some good humoured banter between staff and residents and the inspector saw that residents enjoyed this.

The communication needs of residents were assessed and care plans put in place to address them. Residents' meetings were held in the centre on a regular basis. Residents' feedback was generally positive, and some had taken the opportunity to give comments on areas they felt could be improved including the food on the menu and the outings planned. The inspector saw that the actions taken following the meeting were discussed at the next meeting. Relatives' meetings were also held on a regular basis to ensure that the residents with dementia were represented.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the centre. Where residents were of other religious denominations there were spiritual meetings held. Each resident had a section in their care plan that set out their religious or spiritual preferences. Residents were enabled to vote in national referenda and elections either in the centre or in their own locality.

The inspector found there was a varied activities programme with arts and crafts, exercise, bingo and music provided. The inspector noted ongoing development work in relation to residents with dementia. This included the use of dementia appropriate techniques such as life stories and reminiscence. This was discussed with the person in charge who confirmed that this was ongoing work.

The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. The inspector saw that some residents preferred to spend time in their own rooms, watching TV, or taking a nap. Other residents were seen to be spending time in the various communal areas of the centre. Newspapers and magazines were available. Community involvement was encouraged and residents told the inspector about a recent party they had attended in the local community. The centre itself also fostered links with local charities and several fund raising events were held annually.

The person in charge outlined details of independent advocacy services that were available to the residents. The inspector saw where the advocate had visited the centre. This had been identified as an area for improvement at the last inspection.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall met the regulatory requirements.</p> <p>Some residents and relatives spoken with were clear about who they would bring a complaint to. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.</p>
<p>Judgment: Compliant</p>

<i>Outcome 05: Suitable Staffing</i>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector was satisfied that, at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</p> <p>A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector reviewed a sample of staff files and found that all were complete. The inspector saw that a checklist was in place to ensure that all staff files met the requirements of the regulations.</p> <p>Up-to-date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.</p> <p>There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Other training completed included training in dementia, the management of responsive behaviours, end-of-life care and infection control.</p> <p>The inspector saw that additional training was planned which included falls prevention,</p>

nutritional assessment and activity provision.

An action required from the previous inspection relating to volunteers had been addressed. Currently there are no volunteers in the centre. The person in charge was aware of the requirements to ensure that garda vetting was in place and their roles and their roles and responsibilities were set out in a written agreement in line with the regulations.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that although the original part of the premises continued to pose challenges in relation to the provision of care, significant improvements had been made in relation to maximising residents' private and communal space. Further improvement is required to finish off the planned renovations in the existing premises and to ensure that the premises is appropriate to the number and needs of the residents including residents with dementia.

This centre is a three-storey over-basement structure; resident accommodation was provided on the ground, first and second floors. The basement area primarily accommodated service areas, staff facilities and administration offices.

In total now there are 18 single bedrooms, 16 of which have en suite shower, toilet and wash hand basin facilities. There are seven twin rooms, two of which have en suite facilities and four three bedded rooms.

The submitted application to vary currently being considered by HIQA is reflecting the current bed complement of 44. Other accommodation, previously planned, has not yet been completed. Additional applications to vary will be required when the next phase is completed.

The basement was accessed from the ground floor by means of a restricted stairwell and accommodated the main kitchen and ancillary stores, offices for the person in charge, quiet room, staff changing, dining and toilet and shower facilities. Separate changing and toilet facilities were provided for catering staff. Improvement to this area had occurred since the last inspection.

The first and second floors are accessed by lifts and stairwells.

It was noted at previous inspections that many parts of the original building, which is an architecturally significant listed building, required renovation and redecoration as the décor was dated. The inspector saw that efforts were made to address this. New carpets and floor coverings were provided. Hand rails were available in all circulation area. Additional storage facilities were now in place. Painting was nearing completion. Pipe works had been covered and in general the centre was well maintained and homely. Other plans had been delayed due to circumstances outside of the control of the provider.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up-to-date.

However additional improvements are required to ensure that the premises meets the needs of residents with dementia. As yet no specific improvements had occurred in this regard. The person in charge and provider discussed possible improvements such as directional signage to aid orientation and the use of contrasting colours.

The inspector noted that a safe garden area was not available to residents. The provider discussed plans in place to address this in the coming weeks. A small secure courtyard area with raised beds and seating will be provided which will be accessible from the ground floor. In addition the provider agreed to secure and make safe a second garden area which included a small orchard and decking. A driveway around the building needed to be made safe or have restricted resident access.

Adequate parking was available at the front of the building.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

Although not inspected in its entirety, the actions required from the previous inspection relating to health and safety were reviewed.

It was noted at the previous inspection that the risk management policy did not meet the requirements of the regulations. The inspector found that this had been addressed. In addition the risk register had been updated to reflect the measures and actions in place to control the risks specified in the regulations.

The inspector also reviewed fire procedures which were robust. Evidence was available that regular fire drills were carried out and servicing of all fire equipment including the alarm was up to date.

Judgment:

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:

Sheila Doyle
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 report¹

Centre name:	Sonas Nursing Home Melview
Centre ID:	OSV-0000250
Date of inspection:	24/04/2017
Date of response:	05/05/2017

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 02: Safeguarding and Safety

Theme:
Safe care and support

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

The system in place to safeguard residents' monies was not sufficiently robust.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

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

- 1-There is a policy for staff to follow –will ensure all staff adheres to existing policy.
- 2- A monthly audit of financial transactions is in place to ensure all transactions are logged.

Proposed Timescale: Completed and ongoing

Proposed Timescale: 04/05/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

A resident received some personal care while in the day room.

Screening was not sufficient in the shared bedrooms.

2. Action Required:

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

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

- 1- All staff to adhere to Sonas Melview Personal Care Policy.
- 2-Will review resident care plan.
- 3-Issue discussed with staff member and CNM, improvement plan in place.
- 4-Bed room screens will be reconfigured.

Proposed Timescale:

2, 3, completed, 1 ongoing, 4 -21/04/17

Proposed Timescale: 21/04/2017

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:

There was no safe garden area for residents.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the

matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Will provide a safe garden for residents.

Proposed Timescale: 30/06/2017

Theme:

Effective care and support

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

Additional improvements are required to ensure that the premises meets the needs of residents with dementia.

Renovation works need to be finished.

4. 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:

Additional way finding signage will be introduced.

Contrasting colours will be used to identify specific areas of home and promote independence of residents.

Contrasting colour will be used in dining room to enhance the dining experience of residents.

Garden area will be made safe and freely accessible to residents.

Painting and decorating programme in main building will be completed.

Proposed Timescale: 30/06/2017