



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Tullow
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Shillelagh Road, Tullow, Carlow
Type of inspection:	Announced
Date of inspection:	07 October 2019
Centre ID:	OSV-0005417
Fieldwork ID:	MON-0022868

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Sonas Glendale Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated a short driving distance from Tullow town in a village community setting. The centre provides accommodation for a maximum of 60 male and female residents aged over 18 years of age. Residents are accommodated in single bedrooms throughout, each with ensuite shower, toilet and wash basin facilities. The centre provides long-term, respite and convalescence care for residents with chronic illness, residents with an intellectual disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
07 October 2019	10:00hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead
08 October 2019	08:30hrs to 15:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

The inspector met with residents and some relatives who were in visiting them on the days of the inspection. Fourteen residents returned pre-inspection questionnaires distributed to them on behalf of the Office of the Chief Inspector prior to this inspection. Overall feedback was positive on all areas of the service. Residents and their relatives were very satisfied with the upgrading work done both inside and in outside areas of the centre. However, the condition of the carpet floor covering in some circulating corridors was an area identified as needing improvement by several residents in feedback received in pre-inspection questionnaires and from residents who spoke with the inspector.

Residents confirmed they were satisfied with living in the centre and felt very safe. Residents and their relatives all said staff were very good, kind and caring and they went out of their way to 'do nice things for them' and 'to make sure they were happy' in the centre. Residents said staff always came when they needed them and they never had to wait for help.

Residents told the inspector they 'loved' the activities and found them 'very interesting'. Residents told the inspector that there was a very free and easy atmosphere in the centre and they could come and go as they wished. They said there was 'plenty of fun' and 'lots of laughs'. A number of residents said they 'looked forward' to the weekly outing to local amenities and points of interest. One resident said they would like these outings every day.

Mealtimes was a highlight that several residents spoke about and they said 'the meals were better than a hotel', 'could have whatever you wanted to eat' and the Chef and kitchen staff were 'wonderful cooks'.

Residents and relatives who spoke to inspectors said they knew they could make a complaint to the person in charge or any other staff member if they were ever dissatisfied. Most said they had 'never need to complain' but those who did said that the issue they raised 'was sorted to their satisfaction without any delay'.

Several residents spoke about the enclosed outdoor garden, courtyards and the oratory as 'fantastic areas' and they loved the animals'. One residents said she used rear hens when living in the community. Some residents said they could go out to the garden whenever they wished. Residents told the inspector that they could 'decorate the bedrooms' as they wished and a number of them had brought items of furniture from their own home such as favourite chairs, mirrors, dressing tables and bookshelves.

Capacity and capability

This was an announced inspection to monitor ongoing compliance with the Regulations and Standards. The inspector followed up on notifications and unsolicited information received by the Office of the Chief Inspector since the last inspection in July 2018. The inspector assessed completion of the compliance plan from the last inspection in July 2018 and found that four of the six areas of non compliance with the regulations were now compliant. The two remaining areas of non compliance with the regulations were progressed but not completed to compliance on this inspection. These two areas of non compliance are restated in the compliance plan developed from this inspection.

Unsolicited information received regarding residents contracts was partially substantiated in that the information provided regarding opt-out of additional charges was eluded to but not clearly described. Unsolicited information received regarding deputising arrangements for the person in charge, staff competency and safeguarding of residents at risk of leaving the unaccompanied was not substantiated on this inspection.

There was a comprehensive and proactive governance and management structure in the centre. The management structure was clearly defined and all staff were aware of their roles and responsibilities. The centre was well managed and there were arrangements in place to monitor the quality and safety of care and the service delivered to residents. Residents' quality of life in the centre was monitored and the provider and management team were committed to ensuring residents enjoyed meaningful and purposeful lives in the centre. The person in charge worked on a full time basis and reported to the provider through a quality and governance manager who met formally with the person in charge to review the service on a weekly basis. This arrangement ensured that any issues that arose were escalated and addressed in a timely way. The person in charge had robust procedures in place to monitor effectiveness of clinical care delivered to residents. The outcome of audits including complaints and risk management and key clinical parameters such as falls, use of restrictive practices, wounds, medication management and adverse incidents informed continuous quality improvements in the centre.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. Adequate numbers of staff were available with appropriate skills to meet the needs of residents. Staff were appropriately supervised and facilitated to attend mandatory and professional development training. There was robust recruitment and induction procedures in place. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Residents contracts regarding the terms and conditions of their residency required improvement to clearly detail the portion of the overall fee charged to them and option regarding opt-out of additional fees charged.

Feedback on the service was welcomed and an effective complaints procedure was

in place. The procedure was displayed and all expressions of dissatisfaction with the service were recorded and investigated. Complainants were informed of the outcome of investigations and their satisfaction was obtained. An appeals process was in place.

Regulation 15: Staffing

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and was described in the centre's statement of purpose. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and legislative requirements.

An actual and planned staffing roster was maintained in the centre with any subsequent changes recorded. Arrangements were in place to provide relief cover for planned and unplanned leave. The staffing roster reflected the staff on-duty on the day of inspection

The inspector's observations and residents who spoke with the inspector confirmed there were no delays in staff attending to residents personal care and assistance needs.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training programme was in place. A staff training matrix record was maintained by the person in charge to assist her with monitoring and tracking completion of mandatory and other training done by staff. These staff training records confirmed all staff had completed mandatory training in safeguarding residents from abuse, safe moving and handling procedures and fire safety.

Staff were facilitated to attend professional development training to ensure they were skilled in meeting the needs of residents in the centre. All staff in the centre were facilitated to attend training in dementia and in managing and supporting residents with responsive behaviours. Staff training needs were informed by residents' needs and annual staff appraisals completed by the person in charge.

A recruitment policy was available and included details of the induction process for each staff grade. Induction of new staff was closely monitored by the person in charge and all staff were appropriately supervised in accordance with their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available to the inspector. The centre maintains a directory of residents that is inclusive of all information required by the Regulations.

Judgment: Compliant

Regulation 21: Records

Records as required by the regulations were maintained.

A sample of staff files were examined by the inspector and contained the information as required in Schedule 2 of the regulations. All staff files examined contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The Inspector received assurances that all staff working in the centre had completed An Garda Siochana vetting disclosures before commencing employment and this information was in their staff files.

Records of simulated emergency evacuation drills, tests of fire equipment and a record of the number and service records of equipment was maintained.

Daily records of each resident's condition and treatments received was maintained by night and day nursing staff.

A register of any restrictive procedures used in the centre was also maintained and made available to the inspector.

Judgment: Compliant

Regulation 22: Insurance

Confirmation of up to date insurance as required by the Regulations was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management structure in the centre and the procedures for escalation of issues to the provider were clear. Roles and responsibilities were defined. The person in charge reported to the provider representative and supported in her management role by a quality and governance manager. The quality and governance manager met with the person in charge on a weekly basis and formally with the provider representative to review the quality and safety of the service on a monthly basis. These meetings were structured from a standing agenda to ensure all areas of the service were reviewed and were minuted. This arrangement provided assurances regarding oversight of the service and the quality of residents' lives in the centre by the provider. Communication with the staff team by the person in charge was assured with regular staff meetings.

The person in charge monitored key service parameters such as falls, hospital admissions, infections, medications, any use of restrictive equipment, pressure related skin damage, incidents of responsive behaviours and resident dependencies on a weekly basis. This information was analysed by the person in charge to inform clinical care effectiveness. Auditing Systems and satisfaction surveys were in use to monitor the quality and safety of the service and quality of life for residents in the centre. This monitoring process was used to inform quality improvements in areas of the service such as refurbishment of the internal decor to enhance residents' experience, comfort and access in the centre, substantial improvements made in the enclosed garden and courtyards and addition of new dishes to the menu in response to feedback from residents. Improvements identified as needed were described in action plans that were being tracked to completion.

Sufficient resources were provided to meet residents' needs.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents and service improvements for 2019 were described.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of care were available for each resident. While contracts outlined the terms and conditions of residency, services to be provided and the fees to be charged, the person contribution to the overall fee to be paid by residents in receipt of the 'Fair Deal Scheme' was not stated in the contracts examined. An additional weekly fee was charged to each resident and the services this additional fee covered was stayed. While an opt-out of this additional fee was eluded to in the contracts, this information was not clearly stated. Residents or their on their behalf

signed the contracts.

The provider representative told the inspector that the service had already recognised that the detail in residents' contracts needed review to ensure they clearly described the terms and conditions of residency and a revised contract template was currently in progress.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised and detailed all information as required by Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management and staffing structure, the facilities and the service provided and was reflected in practice in the centre..

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted required statutory notifications of incidents involving residents to the Chief Inspector within the timescales as specified by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's designated complaints officer is the person in charge. There were five complaints received in 2019 and were resolved to the satisfaction of complainants. A record of all complaints received was maintained and included details of investigation and identified any learning to be implemented. The record confirmed that the outcomes of investigations were communicated to complainants and their satisfaction was recorded. Where complainants were not satisfied with the outcome of investigation, an appeals process was available to them.

Complaints were reviewed at the centre's monthly governance and management meetings. Residents who spoke with the inspector confirmed that they were aware of the complaints procedure and said they would express their

dissatisfaction or concerns to the person in charge, other staff members or their family. An independent advocacy service was available to assist residents if necessary.

A policy was available to inform the management of complaints in the centre. The complaints procedure was displayed. The person in charge told the inspector that work was underway to make the displayed information more accessible for residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's operating policies and procedures were made available to the inspector. Policies and procedures were centre-specific and included policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice.

Judgment: Compliant

Quality and safety

Overall, residents were provided with a good quality service and they enjoyed a good quality of life in the centre. Residents' nursing needs were met to a good standard. Each resident's healthcare needs were met by a general practitioner of their choice. Good access to allied health professionals was put in place by the provider in the absence of sufficient assurances regarding timely access for residents to community allied health professional services. A physiotherapist employed by the provider attended residents two days each week in the centre. This arrangement optimised residents' independence and mobility.

Residents with behaviours and psychological symptoms of dementia (BPSD) were well supported by their GP, staff in the centre and community psychiatry of later life services. While a minimal restraint environment was promoted, improvements were needed to bedrail safety assessment procedures to ensure it was in line with the national restraint policy guidelines. Residents stated they felt safe in the centre and spoke positively about the care team and management in the centre. Staff who spoke with the inspector knew residents' well and were knowledgeable regarding their individual needs. The inspector observed that the person in charge and staff had developed good relationships with residents and were committed to ensuring

their care was provided to a high standard. Staff were facilitated to attend training on safeguarding residents from abuse and clearly articulated their responsibilities regarding any suspicions, disclosures or incidents of abuse they may witness.

The provider promoted a proactive approach to managing risk in the centre and had appropriate measures and procedures in place to ensure residents health and safety needs were met. Residents were protected from risk of fire in the centre and there were assurances from simulated emergency evacuation drills that residents' evacuation needs could be met in the event of a fire in the centre. A floor plan identifying fire compartmentation in the centre was not displayed. Staff who spoke with the inspector were knowledgeable regarding the emergency evacuation procedures in the centre. Fire safety management procedures and equipment were in place and all staff were facilitated to attend fire safety training and evacuation procedures.

Significant work was done since the last inspection in July 2018 to upgrade the internal and external premises. Work completed included replacement of carpet floor covering in the reception area, some circulating corridors and residents' bedrooms, redecoration of the reception area, all residents' communal areas and most corridors including creation of a dementia friendly wing. Enclosed outdoor areas especially a garden with access from a communal room used by residents with dementia were upgraded to a high standard to meet the individual and collective needs of residents. The provider valued residents' views and provided them with opportunities to participate in the running of the centre and the premises upgrading works were done in consultation with them. The inspector found that the completed work had a significantly positive outcome for all residents in terms of their comfort and quality of life. Plans were in place to replace remaining carpet floor covering in some circulating corridors.

Residents were provided with choices about how they spent their day, where they ate their meals, the activities they participated in, the time they retired to bed and the time they got up in the mornings. Residents had access to a meaningful activities facilitated by three activity coordination staff with the support of care staff over seven days that met their individual and collective interests and capabilities.

Regulation 11: Visits

There was an open visiting policy in place in the centre. Visitors were welcomed and residents were facilitated to meet their visitors in several private areas throughout the centre outside of their bedroom if they wished.

Staff controlled access to the centre and a record of all visitors to the centre was maintained to ensure residents were appropriately safeguarded.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with adequate storage space for their clothing and personal belongings and they were supported to access and maintain control over their property. A record of each resident's possessions was maintained to ensure risk of lost items was mitigated. There was three complaints regarding care of residents' clothing to date in 2019, these complaints were fully investigated and were resolved to the satisfaction of complainants. Actions were implemented to prevent recurrence. Satisfaction regarding care of residents clothing was expressed in the 14 pre inspection questionnaires for residents.

A laundry service was provided in the centre for residents and their clothing was laundered appropriately. The layout and design of the laundry reflected best practice standards. Residents clothing were discretely labeled to ensure safe return to each resident. Residents clothes were observed by the inspector to be clean, ironed and well cared for.

Each resident was provided with a lockable space in their bedroom for secure storage of their valuable possessions if they wished. The provider kept small amounts of money in safekeeping on behalf of four residents for their day-to-day expenses. The inspector examined procedures for this process and observed that comprehensive records of transactions were maintained and balances were correct. The provider did not act in the role of pension agent for collection of any residents' social welfare pensions.

Judgment: Compliant

Regulation 13: End of life

There were no residents receiving end-of-life care in the centre on the days of inspection. Inspectors saw that staff consulted with each residents where possible, or their relatives, as appropriate, to ensure residents' wishes for end of life care were elicited and documented in their care plans. This practice ensured residents were given opportunity when they were well to share their wishes regarding the physical, psychological and spiritual care they wished to receive and where they wanted to receive care that was of priority for them. This information was regularly reviewed to ensure any changes in residents' wishes were known by staff.

All residents resided in single bedrooms in the centre. A relatives' room was available and provided overnight accommodation to facilitate residents' relatives to be with them in the event of them becoming very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local

clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents as they wished. The centre had a small oratory which was available to residents for funeral services.

Judgment: Compliant

Regulation 17: Premises

Since the last inspection in July 2018, the provider had upgraded the decor and furnishings throughout the centre to a high standard and had made one wing of the centre a dementia friendly and therapeutic environment for residents with dementia. With the exception of worn and stained carpet floor covering in circulating corridors in part of the centre, the centre premises was maintained to a high standard and was visibly clean throughout. Floor covering had been replaced in the reception area, some residents' bedrooms and most of the circulating corridors since the last inspection. The furniture and curtains were replaced with colourful, bright and appropriate furniture and curtains. These improvements were done in consultation with residents and provided them with a comfortable and homely living environment. The provider told the inspector that work to replace the remaining carpet floor covering will be fully completed early in 2020.

The layout and design of the centre and access to all communal areas by residents met their individual and collective needs to a good standard. The layout and design of the dining rooms was upgraded and provided spacious facilities for resident to enjoy their meals in. Alternative quiet areas and seating hubs in the large reception gave residents opportunity to rest and relax or to chat with their visitors. The layout and design of residents' bedrooms met their individual needs, including sufficient space to use assistive equipment. Each bedroom had sufficient storage space and full en-suite facilities provided. Handrails were in place along all circulating corridors and grab rails were fitted in toilets and showers to maximise residents functional ability and safety. While every resident had access to a shower facility, a bath facility was not available to them in the centre.

Access in the upgraded areas of the centre for residents was optimised with bright floor covering , good use of natural light and appropriate signage throughout. However, carpet floor covering on some circulating corridors was a dark colour and one resident stated in their feedback in a pre inspection questionnaire that their access with using assistive walking equipment was hindered.

There was sufficient storage provided for residents equipment.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide document was made available to residents and includes a summary of the services and facilities available in the centre. Each resident was provided with a copy of the residents' guide document for their information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community. Records were maintained in the directory of residents regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

Regulation 26: Risk management

The health and safety of residents, visitors and others was promoted and protected by comprehensive risk management procedures. A safety statement and risk management policy for the centre was in place and was updated for 2019. Risk was proactively managed in the centre and was a standing agenda item at all meetings.

A risk management policy was available and included the measures and actions to control the risks specified in regulation 26(1)(c) . All hazards were identified, risk assessed and documented in the centre's risk register. Controls were described and put in place to mitigate levels of assessed risk as necessary. Arrangements were in place to identify, record, risk assess and investigate adverse events involving residents or others. Areas needing improvement and to inform learning were identified as outcomes of investigations of incidents and were implemented.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 27: Infection control

A policy informing infection prevention and control procedures was available and included management of communicable infections and any infection outbreaks. Hand hygiene dispensers were located at convenient locations throughout the centre. All staff were facilitated to attend training in hand hygiene and procedures consistent with the national standards. Appropriate hand hygiene procedures were completed by staff as necessary.

All residents were accommodated in single bedrooms with full en-suite facilities. The cleaning system in place reflected best practice cleaning procedures.

Judgment: Compliant

Regulation 28: Fire precautions

Procedures and practices were in place to protect residents from risk of fire. Fire fighting equipment was observed to be in place throughout the building and emergency exits were clearly displayed and free of obstruction. The inspector was told that the building was compartmented and horizontal evacuation arrangements were in place if necessary. However, a floor plan of the premises that identified compartmentation was not displayed by the fire alarm to comprehensively inform evacuation procedures. Simulated evacuation drills were completed to test the efficacy of day and night time conditions including staffing arrangements. A simulated emergency evacuation drill testing evacuation of residents from the centre's biggest compartment in night time conditions demonstrated that timely evacuation was achieved.

Arrangements were in place to carry out daily and weekly fire safety equipment checking procedures and no gaps were noted. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment including emergency lighting by a suitably qualified external contractor. The contractor also provided an on-call repair service.

Each resident has their individual emergency evacuation needs assessed and this assessment included any cognition problems that might hinder their timely evacuation. This information was clearly recorded for ease of reference in an emergency. All staff were facilitated to attend fire safety training and to participate in a simulated evacuation drill.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and made themselves available to answer any queries individual residents had regarding their medicines.

There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's risk of falling, malnutrition, pressure related skin damage, activity and their mobility support needs. This information was used to inform the support and assistance information described in residents' care plans.

Residents' care plans reviewed by the inspector for the most part, were very person-centred and clearly describing residents' individual preferences and wishes regarding their care. Minor improvements were needed in the information describing priorities for some residents regarding their personal care procedures.

Inspectors observed that residents were closely monitored for any deterioration in their health and well being and where deterioration was identified, timely interventions and specialist support were sought and implemented. Residents with swallowing difficulties were closely supervised. Residents with any indication of swallowing difficulty were assessed by a speech and language therapy service and their recommendations were implemented. The recommendations of allied health professionals were not routinely detailed in residents' care plans and referral to this information prepared by allied health professionals was referenced in the care plans seen by the inspector. This did not ensure that all information regarding each resident's recommended care interventions were described in their relevant care plans and therefore posed a risk that information would not be communicated to staff. For example, the inspector found that a change made in June 2019 by the dietician regarding a resident's nutrition supplement was not updated in their care plan. This arrangement also did not ensure timely access for staff to this information in residents' care plans. The inspector confirmed that this resident was receiving the

supplement recommended by the dietician. The frequency of blood glucose sampling, optimal blood glucose parameter levels and the actions that must be taken if blood glucose results are outside of these parameters were described in the care plans of residents with a diagnosis of diabetes. The recommended fluid intake over 24 hours for residents with assessed risk of dehydration or the actions that should be taken if not achieved was not consistently described in their care plan interventions.

Each resident with an assessed risk of falling had a care plan in place to guide staff on the measures that must be implemented to mitigate risk of occurrence. The person in charge reviewed all falls by residents on a weekly basis and remedial actions implemented demonstrated positive outcomes for residents who were at risk of recurrent falls.

Staff who spoke with inspectors were knowledgeable regarding residents' individual needs and their care preferences.

Inspectors were told that where possible, residents, or their families on their behalf were involved in their care plan development and subsequent reviews and records were maintained of this consultation process.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical and allied health professional services as necessary. Residents in the centre were cared for by general practitioners from a local practice as they wished. An out-of-hours on-call emergency medical service was also available to residents if necessary. Community physiotherapy, occupational therapy, dietician or speech and language therapy services were not available. In the absence of availability of these community services to residents, the provider had made alternative arrangements to ensure their timely access to these specialist services as necessary for residents in the centre. The provider employed the services of a physiotherapist who attended the centre on one day each week. The physiotherapist was also involved in assessment of residents on admission, post a fall incident and in an exercise programme to optimise their health and independence. Occupational therapy were available privately at a reasonable cost to residents. Dietician, speech and language therapy and tissue viability services were available to residents at no additional cost. Chiropody, dental and optical services were available to residents as necessary. Community psychiatry of older age and palliative care services were available to residents on referral, as appropriate.

Residents were supported and facilitated to attend out-patient appointments and were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents with dementia were periodically predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were systems in place to support residents with managing any episodes of responsive behaviours that they may experience. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours.

The inspector observed that residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew residents well. Behavioural support care plans were developed for residents with responsive behaviours that detailed the triggers to behaviours and effective person-centred de-escalation strategies to guide consistency in care procedures. The details of any episodes of responsive behaviours experienced by residents were recorded to inform treatment plans

A minimal restraint environment was promoted. Arrangements were in place to ensure the impact of any restrictive procedures and the period of time in place was minimised. Details of alternatives tried before a decision was made for use of full length bedrails were recorded. While, risk assessment documentation was completed to ensure each resident's safety using a bedrail, a completed assessment for one resident did not provide assurances regarding their safety with a bedrail in use as part of their care procedures. This finding did not reflect the national restraint policy guidelines.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with inspectors were knowledgeable regarding the different kinds of abuse and how evidence of abuse may present. All interactions observed by inspectors by staff with residents were respectful, courteous and kind and residents who spoke with the inspector confirmed that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to participate and influence the running of the centre. Their feedback was valued by the provider, person in charge and staff in the centre. Residents' meetings were held regularly and their feedback was seen to be used to inform the service. For example, residents views were sought on recent internal decor and works done in the enclosed garden. Residents were very positive in their feedback to the inspector and in feedback in pre inspection questionnaires regarding the work done to date in the centre. A meeting forum was also held in the centre for residents' relatives to ensure they were well informed of developments and had additional opportunity to give their feedback on the service provided.

A varied and meaningful activity programme was provided for residents, including activities that were suitable for residents with dementia or other residents unable or unwilling to participate in scheduled group activities. Care staff supported three activity staff with meeting residents' activity and social needs over seven days each week. Residents activities were facilitated in three communal areas in the centre and this arrangement provided residents with choice regarding the activities they wished to attend. Residents' interests were assessed and used to inform the centre's activity programme. Records of activities that residents participated in and their level of interest in these activities were recorded to provide assurances that the activities programme was meaningful for individual residents and it met their interests and capabilities. The activity staff were working to ensure residents who remained in their bedrooms were provided with access to activities that were meaningful to them. Residents were supported to integrate into the local community with weekly bus trips to local amenities and also to a bingo session in the local community centre with other senior citizens from the local community. This gave residents an opportunity to stay in touch with friends and to keep up-to-date with local news.

Residents were afforded opportunity to access the outdoors as they wished with provision of an enclosed garden and two courtyard areas. The courtyards provided residents with raised plant beds and one courtyard had a raised safe water fountain. The outdoor courtyards were accessible from a number of circulating corridors and the outdoor garden was accessible from one of the sitting rooms. The outdoor garden was upgrade recently in consultation with residents to a high standard and provided a stimulating and therapeutic area for residents, including residents with dementia. The garden was colourful and interesting and provided residents with access to several pet animals including rabbits, two geese, hens and a donkey in various segregated areas of the garden. A mature orchard with several fruit trees was located in one corner of the garden. The garden was landscaped with a variety of sensory shrubs, flowers and small trees. Winding paths including a bridge over a small stream enabled residents to enjoy the outdoors safely. Outdoor seating was in place at various points along the pathways so residents could rest and relax as they wished.

The provider, person in charge and staff team worked together to make one area of the centre a fully dementia friendly environment. There was a significant focus on

optimising their access and comfort with demonstrated positive outcomes. Residents' bedroom doors had transfers applied to them to mimic the colour and style of their domestic front doors in their homes in the community. Wall murals reflected individual resident's past interests and occupations. The sitting room in this area had a special table insitu to facilitate residents in assistive wheelchairs to sit at a table. All communal rooms including the sitting room in this area had an abundance of traditional memobilia to make the environment familiar for residents and to encourage their reminiscence.

Residents' privacy and dignity needs were respected. Each resident's accommodation consisted of a single bedroom with full en suite facilities. Some residents liked to leave their bedroom door open and could do so as they wished, as all doors were fitted with self closure devices that ensured bedroom doors closed in the event of an emergency. Staff were observed to knock on residents' bedroom doors before entering and ensured bedroom and toilet/shower doors were closed during residents' personal care procedures.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. All residents were provided with access to a telephone if they wished. Newspapers and magazines were available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Tullow OSV-0005417

Inspection ID: MON-0022868

Date of inspection: 08/10/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Amended contracts of care have been implemented - all charges are clearly specified and outlined.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: An improvement plan for the replacement of the remaining carpets on the circulating corridors has been approved.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Updated floor plan of the premises which identifies more clearly the compartmentation are now being prepared for display and also for display at the fire alarm panel.	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Recommendations from interdisciplinary colleagues which are inputted by themselves into their relevant section of the care planning system are now also inputted by the nurse into the nursing section of the care planning system.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: It has been confirmed that the restrictive practice assessments in the care planning system do comply with national guidelines. The conflicting paper record is no longer in use in the home.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	08/02/2020
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/10/2019
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	31/10/2019

	any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/11/2019
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/10/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	31/10/2019

	concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/10/2019