

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sonas Care Centre, Cloghanboy	
<b>Centre ID:</b>	0097	
<b>Centre address:</b>	Ballymahon Road	
	Athlone	
	County Westmeath	
<b>Telephone number:</b>	090 6479568	
<b>Email address:</b>	athlonecc@sonas.ie	
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>	
<b>Registered provider:</b>	Sonas Nursing Home Management Co. Ltd.	
<b>Person authorised to act on behalf of the provider:</b>	Séamus Crawley	
<b>Person in charge:</b>	Siobhán Bell	
<b>Date of inspection:</b>	3 May 2013	
<b>Time inspection took place:</b>	<b>Start:</b> 09:20 hrs	<b>Completion:</b> 15:30 hrs
<b>Lead inspector:</b>	Geraldine Jolley	
<b>Support inspector(s):</b>	N/A	
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>	
<b>Number of residents on the date of inspection:</b>	55	
<b>Number of vacancies on the date of inspection:</b>	1	

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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, in which 14 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input checked="" type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input checked="" type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input checked="" type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. During the inspection the inspector talked to residents and staff members. The delivery of care was observed and documentation such as care plans, medical records, accident and incident reports and some of the administrative procedures that underpin the operation of the service were reviewed. A partial inspection of the premises was undertaken. Progress in relation to the action plan from the inspection conducted on 27 August 2012 was also reviewed - the inspection report contained 11 actions. The inspector found a high level of compliance with nine actions fully complete and the remaining matters relating to restraint management and ensuring that all appropriate health care was provided were in progress.

The inspector found that the centre was well organised, clean with a relaxed comfortable atmosphere. Overall, the inspector found evidence of good practice and a commitment by the centre's management team to continually work to improve the quality of the service that residents received. The health and social care needs of residents were met. Residents had access to general practitioner (GP) services and to a range of other allied health professional services when required. Nursing care incorporated a range of evidence-based assessment tools and the inspector noted that specialist care needs such as dementia were described well and enabled staff to provide care in a person centred way. The inspector noted that residents who had memory problems were orientated by staff reminding them of meal times, the activity that was scheduled and what was going on in the news.

The inspector observed that staff provided care for the residents in a competent and respectful manner. They talked and chatted to residents during their contacts with them and were noted to take time to explain procedures, describe medication being given and remind them of events personal to them. Residents told the inspector that staff were helpful and responded promptly when assistance was needed. Staff were knowledgeable about the personal care needs of residents and could describe particular likes and dislikes that residents had identified and how these were accommodated. Moving and handling activity was undertaken safely and appropriately and assessments of mobility needs provided information on the assistance and equipment needed.

The inspector was satisfied that the numbers and skill mix of staff were appropriate to meet the needs of residents. An increase to the number of nurses available on the upper floor had been made since the last inspection and this had resulted in positive outcomes such as better supervision of residents and care practice the inspector was told.

The Action Plan at the end of the report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These include a requirement to ensure documentation on restraint outlines alternative strategies used prior to the restraint being put in place, improvements in hygiene practice in areas such as sluices and more comprehensive information on how end of life care needs are assessed and facilitated.

## Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

### Theme: Leadership, Governance and Management

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### Outcome 1

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

#### References:

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

#### Actions required from previous inspection:

No actions were required from the previous inspection.

### Inspection findings

The most recent edition of the statement of purpose was supplied to the Authority in October 2012. It reflected the conditions of registration and that the number of residents accommodated had increased from 55 to 56 following an application to vary the original conditions of registration.

The inspector found that the profile of residents to be accommodated described in the statement of purpose was reflective of the care needs of residents present in the centre. The inspector was satisfied that the centre was providing the services outlined and that the aims and objectives of the service were being met.

#### Outcome 3

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

#### References:

Regulation 15: Person in Charge  
Standard 27: Operational Management

#### Action(s) required from previous inspection:

No actions were required from the previous inspection.

## Inspection findings

The person in charge demonstrated that her priority for the service was to provide high standards of care that were valued by older people in an environment where residents had choices, felt comfortable and a variety of social care opportunities. During the inspection she demonstrated good knowledge of the medical and social care needs of residents. She had a schedule of reviews and audits in place some of which she undertook and some of which was delegated to the clinical nurse manager and nursing staff.

She was familiar with the resident group and was aware of residents who were vulnerable due to medical problems or who had dementia care needs.

### Outcome 4

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

### References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

### Inspection findings:

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

### Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required \*

Improvements identified as necessary to care plans are outlined in Outcome 11.

### General Records (Schedule 4)

Substantial compliance

Improvements required \*

### **Operating Policies and Procedures (Schedule 5)**

Substantial compliance

Improvements required \*

Improvements identified as necessary to the end of life care procedures are discussed in outcome 14.

### **Directory of Residents**

Substantial compliance

Improvements required \*

#### **Action(s) required from previous inspection:**

##### **Directory of residents:**

Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.

This action was complete. The inspector reviewed the directory maintained and found that all the required details including the gender of residents were recorded.

### **Medical Records**

Substantial compliance

Improvements required \*

The improvements required are outlined below and under Outcome 11.

The daily records maintained by nursing staff did not reflect residents care plans in some cases and did not convey an adequate nursing record of the persons health and condition and treatment given each day. The inspector noted that comments in the daily records mainly reflected progress and change in relation to physical care needs and did not convey the range of emotional and social care support provided to residents. For example, one record described a resident as unsettled during part of the night but possible causes were not explored and the impact of actions taken by staff such as the administration of medication to address this were not outlined.

The administrative systems in the centre were well organised. Records on both floors were accessible, maintained in good condition and were well organised. All records were noted to be stored securely. The inspector was provided with a list of residents, staff rotas, training records and audit schedules to assist with the inspection findings.

#### **Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

### **Outcome 6**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

#### **References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The inspector found that measures were in place to protect residents from being harmed or suffering abuse. All staff had received training on identifying and responding to elder abuse. There was a policy available which gave guidance to staff on the assessment, reporting and investigation of an allegation of abuse.

Staff were able to describe to the inspector about the prevention of elder abuse policy, explain the different categories of abuse and state what they would do if they suspected abuse and the importance of taking measures to prevent the risk of abuse. The clinical nurse manager is the trainer for the service. A training record maintained outlined the staff that had received training in 2011 and 2012 and who needed updates during 2013. All staff who had direct and indirect contact with residents including maintenance, administration and activity staff had been included in the training.

There were no allegations of abuse being investigated at the time of inspection. Residents said that they were well cared for and that they felt safe as staff were readily available when they needed assistance.

### **Outcome 7**

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

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems



**Action(s) required from previous inspection:**

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Inspection findings**

This action was complete. The inspector saw that there were notices on the doors of the lift lobby to alert persons exiting from this area that the doors opened onto the hallway. Staff were noted to take care when moving in the area and to check before opening doors fully.

Overall the inspector found that the identification and management of health and safety was generally satisfactory and ensured the health and safety of residents, visitors and staff was protected. There were systems in place for the management of a range of risk situations. These included moving and handling, falls prevention, challenging behaviour, managing waste and maintenance of the building. The inspector noted the regular audits included reviewing aspects of the building such as testing hot water temperatures to ensure that it is dispersed at a safe temperature.

The inspector found that there was a plentiful supply of personal protective equipment for staff strategically placed around the building. Residents were protected by secure arrangements at the front door and the maintenance of a visitors record that was up to date and reflected movements in and out of the centre.

**Fire Safety**

The fire safety arrangements were reviewed. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting was provided throughout the building. The inspector saw records that confirmed that the fire detection and fire control equipment were serviced regularly. This work was noted to have been completed on 5 and 14 February 2013. Routine inspections of the fire doors and fire fighting equipment were undertaken. Floor plans that indicated the escape routes the nearest fire exit were displayed throughout the building. The daily inspections of the fire exits and fire panel are included in the checks to be completed by night staff. Fire exits were noted to be clear and unobstructed when viewed by the inspector.

Fire training is provided annually and regular fire drills supplement this training. The inspector saw that so far in 2013 there had been three fire drills undertaken. One exercise in January had taken place at night. Other training on fire safety by an external trainer had taken place in July 2012. Several members of the staff team including all nursing staff had been trained to fire warden standard.

**Accidents and Incidents**

There was a record of falls, near misses and other incidents completed after the event. The inspector noted that factual and substantiated information was recorded in relation to each incident. The records described the interventions that took place following the event and these included informing relatives and significant others as

well as vital signs observations including the maintenance of neurological observations for a period of time.

Resident's records confirmed that following falls there was a review completed with a view to preventing further episodes. The actions taken included advising staff and encouraging residents to use the call bell to summon assistance.

The inspector was concerned about the description of one incident that outlined where a resident had hit out at staff. This was explained as resistance to care more than active aggression and was being monitored by staff. The inspector formed the view that episodes of such behaviour should be clearly identified so that staff have an accurate picture of residents care needs.

The following areas was noted to need attention:

- equipment such as a sink and and sluice on the upper floor needed more effective cleaning as the residue on the stainless steel surface presented an infection control hazard
- staff working in critical areas such as the laundry did not have infection control training although the systems in place to manage infected laundry could be described clearly and were in accordance with good practice.

#### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Action required from previous inspection:**

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

### **Inspection findings**

This action was complete. The inspector reviewed a number of medication administration charts. All items had been individually prescribed and signed by the doctor. There was photographic identification on the sample of charts examined. The inspector noted that medication charts were printed and were easy to decipher. Medication prescribed on an "as required" PRN basis was identified clearly and the maximum dose to be administered in a 24 hour period was outlined.

A monitored dosage system was in use. Medication that had to be administered in crushed format was appropriately prescribed where this applied. The nurse said that where possible liquid preparations are supplied. All medication was reviewed by the prescribing doctor every three months or more frequently when a change in residents' health occurred. A policy on medication management that outlined the

centre specific arrangements for all aspects of medication use from ordering, prescribing, storing and administering was available. The policy included procedures for the disposal of unused or out of date medication. A record of medication returned to the pharmacy was maintained.

Medication that required special precautions were secured in a locked cabinet in the clinical room. A controlled drugs register was in use and this was reviewed. Controlled drugs were checked by two nurses from opposite shifts, at each shift changeover to ensure all drugs were accounted for. Five residents were in receipt of such medication. The inspector checked two items and found the balance in stock reflected the amount outlined in the register.

The person in charge had an audit system in place that included regular audits of the medication management arrangements. This was completed by one of the staff nurses. Recent audits had identified deficits such as the absence of photographic identification on administration charts and this had been rectified.

**Outcome 9**

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

**References:**

- Regulation 36: Notification of Incidents
- Standard 29: Management Systems
- Standard 30: Quality Assurance and Continuous Improvement
- Standard 32: Register and Residents' Records

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The matters that required notification had been appropriately identified and information forwarded to the Authority.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

This action was partially complete. There was evidence that a quality improvement strategy was in place. There were systems in place to review aspects of the quality and safety of care and quality of life of residents but a report as described in Regulation 35 had not yet been compiled. There were ongoing monitoring of several aspects of the service to ensure safety and good practice standards were met. Staff could describe how they ensured standards were maintained for areas such as hygiene and cleanliness, the management of falls, medication management and complaints.

Data was collected on a number of key quality indicators such as accidents/incidents, hygiene standards and infection control measures, the use of restraint and maintenance and safety. There was evidence that the information collated was used to improve the service. An audit of the premises had indicated that call bells do not have clips to keep them in place for residents and this was being addressed.

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare

Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Actions required from previous inspection:**

Put in place appropriate and suitable practices relating to the restraints in accordance with evidenced based practice.

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

**Inspection findings**

This action was partially complete. The inspector reviewed the assessments that underpin the use of restraint. The need for the restraint was identified and the type of restraint in use was described. However, alternatives considered and used before the particular restraint measure was put in place were not evident. The inspector was told that a revised version of the documentation in use provided space to record this information and it was intended that this would be included.

There were 55 residents accommodated on the inspection day. The centre is registered to accommodate 56 residents. The majority of residents were noted to have a range of complex medical problems with more than two medical conditions prevalent. Almost 40% of residents had dementia or mental health problems.

The assessed care needs of residents indicated that the majority had maximum or high dependency care needs. Staff were knowledgeable about the care and treatment provided to residents. Nursing and care staff were interviewed on a range of topics related to their work such as care of people with dementia, protecting older people, healthcare issues and the administration and management of medication. They were noted to be knowledgeable about residents specific care needs particularly where residents had problems relating to dementia or mental health problems. Two residents told the inspector that care and assistance was provided in a way that met their needs and said that in addition to care that there was a good atmosphere in the centre and plenty for them to do. One of the nursing staff had a qualification in dementia care and had identified areas some improvements that could be made to make the service for people with dementia more meaningful. This included providing memorabilia in the small sitting area on the upper floor and the use of reminiscence material to prompt memory.

The inspector reviewed three care records. A new documentation system was being introduced and care records were in the process of being transferred. The inspector found that nurses had a range of evidence-based assessments completed from which care plans were formulated. There were assessments completed for falls risks, the potential to develop pressure area problems, the extent of memory problems and cognitive impairment, nutrition, medical and mental health conditions. The inspector saw that care plans were reviewed at the required three month intervals and that

residents, relatives and others were included in the reviews by nursing staff. The views expressed were included in care plans.

The staff team had developed good interprofessional links with the local mental health team and with the palliative care service. The contributions of allied health professionals were evident in care records. Residents who were at risk due to poor nutrition intake and fluctuating weight were reviewed by a dietician. There were nutrition care plans in place and food and fluid intake and output charts were maintained. These were noted to be fully complete and there was a summary of these records completed to provide a picture of nutritional intake over time. Records of weight were maintained monthly and where residents were identified at risk there were weekly and fortnightly records maintained. There was regular input from a physiotherapist employed by the company to assess residents and provide appropriate therapeutic interventions. The inspector saw that residents were regularly assessed and had mobility exercises. There were also records of the visits and care provided by specialists such as the chiropodist and optician.

The inspector found a number of areas of good practice in care records:

- arrangements for a hospital transfer were noted to be well organised with details of the residents medication, reason for admission, contact with family members and records of personal items sent to the receiving hospital
- there were evaluations of social care interventions and the activities that residents attended and enjoyed were outlined
- dementia care profiles were completed and conveyed the interventions that had particularly positive impact such as music to movement, outings and the weekly visits of the therapy dog
- there was weekly physiotherapy input from the organisations physiotherapist and exercises and therapeutic programmes were outlined and recorded as they were implemented.

Staff told the inspector that they had started to introduce life story books to enhance the delivery of person-centred care. Some of these had been completed.

There was a wide ranging social care programme in place with activities scheduled each day including weekends. This is facilitated by the activity coordinator, nurses, care staff and external professionals. Activities were aimed to meet the needs of all residents with specialist activities available for residents with memory loss and high levels of frailty. The activity coordinator told the inspector that both she and one of the nurses had undertaken sonas training – an activity approach appropriate to the specialist needs of persons with dementia and both group and individual work using this method is scheduled each week for residents on both floors. There is a regular exercise group, reflexology sessions, baking, knitting, weekly visits by the therapy dog and card games. The inspector was told that residents are enabled to meet with their neighbours who live in the sheltered housing complex adjacent to the centre to chat and talk over tea.

The inspector concluded that the health and social care needs of residents were appropriately assessed and that measures were in place to meet residents needs to a satisfactory standard. There were some aspects of care records that needed some improvement. These included:

- comments made in the daily records that indicated periods when residents were restless were not fully explained and the impact of medication administered in such circumstances was not always evident
- there were care plans for aspects of care such as constipation however there were no treatment options outlined other than laxatives.

### **Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## **Inspection findings**

The premises are purpose built, of modern design and provide a good environment for residents. Accommodation is organised over two floors. There are 21 single bedrooms on the ground floor. There are 33 single bedrooms and one twin bedroom on the first floor. The upper floor is accessed via a lift. The en suites in eight bedrooms are designed to accommodate wheelchair users. All bedrooms have en suite facilities including a toilet, wash-hand basin and shower. There are two assisted baths and one assisted shower room. There are six toilets located close to communal areas around the building.

There is one sitting room and a dining room on the ground floor and two sitting rooms and dining room on the first floor. Other facilities include an oratory, a private visitors' room, a treatment room, hair salon, coffee dock area where residents and visitors can make tea and coffee and a laundry. There is a secure internal courtyard garden and landscaped grounds around the building. There is ample parking to the front and side of the building. The centre provides the appropriate space allocations and facilities outlined as minimum requirements in the Authority's standards.

There was a good variety of specialist beds, hoists and a range of seating to meet the individual needs of residents available. All equipment was noted to be in good condition and the inspector was told specialist equipment was serviced regularly through a contract arrangement.

The inspector viewed some bedrooms, the communal areas used by residents, the sluice and laundry area. The premises was found to be well maintained, decorated to a good standard and attractively furnished. Many bedrooms had been personalised by residents with photographs, ornaments and pictures. Dining and sitting rooms were noted to provide good space for residents and were attractively furnished. During the inspection residents were noted to use the dining rooms at all meal times.

Residents were noted to move around the centre freely many using the lift to get down stairs to talk to other people. There is a sitting area near reception which was noted to be very popular and was used throughout the day by residents who wished to meet others or talk to visitors.

Areas such as the laundry, clinical rooms and offices were noted to be well organised with equipment and documentation stored appropriately and securely.

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

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

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

**References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Action(s) required from previous inspection:**

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

**Inspection findings**

This action was complete. The complaints procedures was on display and was noted to provide appropriate guidance to residents and others to enable them to make a complaint. The appeals process was outlined in the event of dissatisfaction with the outcome of an investigation. The inspector was told that staff try to address complaints and concerns expediently as soon as they are brought to their attention and this is usually successful in managing matters raised.



**Outcome 14**

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

**References:**

Regulation 14: End of Life Care  
Standard 16: End of Life Care

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector saw that information on the way residents wished their end of life care was not routinely recorded. There were some care records where reviews of care indicated that residents had expressed their wish not to be resuscitated if a significant medical problem arose. In some cases family members had been involved in this discussion and decision. Care records indicated where such decisions applied. In one example the inspector saw that where a resident who was frail a decision not to resuscitate had been outlined and this status was updated following discussion with family members at the periodic reviews.

Nurses said that they would always check the current resuscitation status for residents as outlined in the care plan and would discuss each situation with the doctor, resident if they were able to do so and with family members at times of critical illness. There was a specific document in use to record do not resuscitate wishes, however, the narrative section of the form outlining the consensus professional judgements that had been made and why this decision was reached was not adequately outlined in the sample examined.

The inspector found that it was not clear how staff would determine if a resident should be transferred to hospital if their condition changed but did not present a critical medical emergency that could not be managed in the centre. The inspector concluded that the policy for managing end of life care should be reviewed to provide appropriate guidance for staff on managing end of life care.

**Outcome 15**

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

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Actions required from previous inspection:**

Provide appropriate assistance to residents with behavioural problems to ensure each resident is provided with food and drink in quantities adequate to their needs.

Implement guidelines for the monitoring and documentation of resident's nutritional intake.

**Inspection findings**

The inspector saw that where residents had problems in relation to food that this was identified in care records, assessed by the residents doctor and referred for specialist opinion and management. In one instance the introduction of a percutaneous endoscopic gastronomy had been considered however it had not been possible to complete this surgical procedure and the resident had returned to the centre. There were monitoring systems in place to ensure that food and fluid intake were evident and further specialist intervention was awaited.

This action was not reviewed and will be inspected at a future inspection. The response to the last inspection report indicated that guidelines for the monitoring and documentation of resident's nutritional intake were due to be introduced in December 2012. The inspector requests in the action plan that a copy is provided to the Authority.

**Outcome 16**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The views and choices of residents were taken in to account in the way the service was provided and delivered in relation to their care. This was confirmed by residents who said that residents were able to get up and return to bed according to their own choices, they could participate in activities or choose not to and they were also free to spend time alone in their rooms when they choose to do this. Information that confirmed that consultation took place with residents and relatives was evident in care records and in records of residents meetings. There were references to contacts and discussions that staff had with families when there were changes in residents health or when circumstances changed and these were noted to be recorded frequently in the sample of records examined.

Residents appeared well cared for and were dressed appropriately. One resident told the inspector that carers showed her items from her wardrobe so she could choose what to wear and said staff her took care to ensure that her clothes were appropriately coordinated. Staff were observed to be attentive to residents and chatted to them as they provided care and when they entered areas where residents were present. There were indicators that communication was encouraged and facilitated. There were notice boards on each floor informing residents of the activities that were scheduled for the week. Local and national papers were available. The inspector found that there were well established systems in place to ensure that residents could convey their views on the service provided. This included residents meetings that took place once a month and were facilitated by the activity staff.

### **Outcome 17**

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

### **References:**

Regulation 7: Residents' Personal Property and Possessions  
Regulation 13: Clothing  
Standard 4: Privacy and Dignity  
Standard 17: Autonomy and Independence

### **Action required from previous inspection:**

Implement an accountable system to ensure all clothing is identifiable to each resident.

## Inspection findings

This action was complete. The inspector saw that a garment labelling system had been introduced since the last inspection. A sample of clothing that had been laundered was viewed and all items were found to have been labelled or marked according to residents choice.

The inspector noted that bed linen and towels were laundered and finished to a high standard. The laundry staff had set standards that she said she felt were appropriate for the service and maintained this at all times.

Bedrooms were noted to have appropriate storage space for clothing and personal items and there were secure spaces for residents to keep items of personal value.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Actions required from previous inspection:**

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Provide staff members with access to education and training in cardio pulmonary resuscitation techniques to enable them to provide care in accordance with contemporary evidence-based practice.

**Inspection findings**

The inspector was told that an additional nurse was now allocated to the upper floor each day. Nursing staff said the revised arrangement worked much better and enabled nurses to undertake their clinical duties, liaise with other professionals, supervise the delivery of care and be available to care staff if required. There was additional support provided by the person in charge and clinical nurse manager during weekdays and during part of some weekends.

The manager's out of hours rota indicated the out of hours duties that should be completed by senior staff. The person in charge and her deputy were scheduled to work one evening each week until 8pm, one Sunday evening each month and should also include some night duty in to their work schedule. The week of the inspection the person in charge had completed three shifts of night duty. The inspector was told that the arrangement helped provide managers with a good overview and understanding of how the service operated over the 24 hour period and provided accurate information on workload management which was significant to the deployment of staff. It also provided the person in charge with the opportunity to meet with relatives and visitors who could not visit during the day.

The inspector was provided with the training record for cardiopulmonary resuscitation. The record indicated the dates staff had attended training and when updates were required. During June and October 2012 twenty five staff received this training. There are fifteen staff scheduled to attend refresher training in December 2013 and a further seven scheduled for their training in June 2014.

The inspector found that the deployment of staff according to the rota provided sufficient care, catering and ancillary staff to provide direct care to residents and to ensure that administrative and maintenance duties were carried out efficiently. On the inspection day there were four nurses including the clinical nurse manager on duty. There were also ten carers, an activity coordinator, laundry staff and an administrator on duty. In addition the person in charge was on duty throughout.

Staff said they were supported to provide care and treatment safely. There was an ongoing programme of training with staff encouraged to undertake specialist training of interest to them and of benefit to the service. For example, one of the carers had the Further Education and Training Award (FETAC) Level 5 in infection control. One of the staff nurses had a specialist dementia care qualification and sonas training had been completed by two staff. All staff confirmed that they had training in elder abuse, moving and handling and fire safety. The training on these statutory topics was up to date according to the training records maintained.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge, clinical nurse manager and one of the staff nurses to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

10 May 2013

Action Plan

Provider's response to inspection report \*

Centre Name:	Sonas Care Centre, Cloghanboy
Centre ID:	0097
Date of inspection:	3 May 2013
Date of response:	7/6/13

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

***Outcome 4: Records and documentation to be kept at a designated centre***

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

The daily records maintained by nursing staff did not reflect residents care plans in some cases and did not convey an adequate nursing record of the persons health and condition and treatment given each day. The inspector noted for example that comments in the daily records mainly reflected progress and change in relation to physical care needs and did not convey the range of emotional and social care support provided to residents. For example, one record described a resident as unsettled during part of the night but possible causes were not explored and the impact of actions taken by staff such as the administration of medication to address this were not outlined.

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

**Action required:**

Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

**Action required:**

Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

**Reference:**

Health Act, 2007  
 Regulation 25: Medical Records  
 Standard 10: Assessment  
 Standard 13: Healthcare

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

**Timescale:**

Provider's response:

Nurses to complete individual residents nursing progress report which reflects the bio-psycho social and spiritual model of care. Nurses to receive training in same records are maintained as outlined in schedule 3 and schedule 4

1/7/13

**Theme: Safe care and support**

***Outcome 7: Health and safety and risk management***

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

Equipment such as a sink and disposal unit in the sluice on the upper floor needed more effective cleaning as the residue on the stainless steel surfaces presented an infection control hazard.

Some staff had not had training in infection control management.

**Action required:**

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.



<b>Action required:</b>	
Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
<b>Action required:</b>	
Provide staff with training on hygiene and infection control practice.	
<b>Reference:</b>	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Risk register currently being compiled	1/7/13
Infection control training will be provided to all staff	Sept 2013
Cleaning schedule for sluice and sink alluded to above complete	1/6/13

<b>The person in charge has failed to comply with a regulatory requirement in the following respect:</b>	
Aspects of restraint practice did not reflect the new national policy on promoting a restraint free environment. Information that other measures had been explored before the restraint measure was put in place was not always evident.	
<b>Action required:</b>	
Put in place appropriate and suitable practices relating to the restraint in accordance with evidence-based practice	
<b>Reference:</b>	
Health Act, 2007 Regulation 8: Assessment and Care Plan Regulation 6: General Welfare and protection Standard 11: The Resident's Care plan Standard 13: Healthcare	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:  Updated policy and documentation enables us to record alternatives implemented before restraint is considered.	completed
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**Theme: Effective care and support**

***Outcome 10: Reviewing and improving the quality and safety of care***

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

A report on the quality and safety of care and quality of life of residents in accordance with Regulation 35 was not available.

**Action required:**

Prepare a report in respect of any review conducted and make this available to residents and the Chief Inspector (on request).

**Reference:**

Health Act, 2007  
Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

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

**Timescale:**

Provider's response:

Report as outlined in regulation 35 completed before 1/7/13

1/7/13

***Outcome 11: Health and social care needs***

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

There were aspects of care plans that needed some improvement. These included:

- comments made in the daily records that indicated periods when residents were restless were not fully explained and the impact of medication administered in such circumstances was not always evident
- there were care plans for aspects of care such as constipation however there were no treatment options outlined other than laxatives.

**Action required:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

<b>Action required:</b>	
Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.	
<b>Reference:</b>	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Residents needs are outlined in individualised care plans which are completed in agreement with residents Suitable and Sufficient care now in place for all residents.	1/7/13

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

***Outcome 14: End of life care***

<b>The provider and person in charge is failing to comply with a regulatory requirement in the following respect:</b>	
Practice in relation to care at end of life needed improvement. Decisions on "not for resuscitation" were not sufficiently detailed to protect residents and staff.  End of life care was not routinely described in care records.	
<b>Action required:</b>	
Put in place written operational policies and protocols for end of life care.	
<b>Reference:</b>	
Health Act, 2007 Regulation 14: End of Life Care Standard 16: End of Life Care	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:	
New DNR policy to be compiled to protect residents and staff	1/7/13
End of life policy updated	1/7/13

**The provider and person in charge is failing to comply with a regulatory requirement in the following respect:**

The inspector found that it was not clear how staff would determine if a resident who was end of life should be transferred to hospital if their condition changed but did not present a critical medical emergency that could not be managed in the centre. The inspector concluded that the policy for managing end of life care should be reviewed to provide appropriate guidance for staff on managing end of life care.

**Action required:**

Put in place written operational policies on when to seek medical intervention and transfer to hospital.

**Reference:**

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Regulation 29: Temporary Absence and Discharge of Residents
- Standard 13: Healthcare

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

**Timescale:**

Provider's response:

In what circumstances should a resident be transferred to hospital during end of life will be included in new policy.

1/7/13

***Outcome 15: Food and nutrition***

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

A requirement to have guidelines on nutrition management was identified at the last inspection and as it was not reviewed the action is restated.

**Action required:**

Implement guidelines for the monitoring and documentation of residents nutritional intake and provide a copy to the Authority.

<b>Reference:</b> Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Policy on monitoring and documenting residents nutritional intake completed.	Completed