

**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 Ard na Greine
<b>Centre ID:</b>	0385
<b>Centre address:</b>	Enniscrone
	Co. Sligo
<b>Telephone number:</b>	096-37840
<b>Email address:</b>	ard@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>	John Mangan
<b>Person in charge:</b>	Margaret McPhee
<b>Date of inspection:</b>	16 May 2013
<b>Time inspection took place:</b>	<b>Start:</b> 08:50hrs <b>Completion:</b> 18:00hrs
<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>	49
<b>Number of vacancies on the date of inspection:</b>	9

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

This monitoring inspection was unannounced and took place over one day. It was the fifth inspection of the centre by the Health Information and Quality Authority (the Authority). During the inspection the inspector met with residents, relatives and staff members. The delivery of care was observed at varied times and documentation such as care plans, medical records, accident/incident reports, policies and procedures and nursing records were reviewed.

The last inspection of the centre took place on 23 May 2012. Overall, the inspector found evidence of a commitment by the provider and person in charge to continually work to meet the requirements of 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*.

The centre's management team were proactive in addressing action plans from inspections and there was a high degree of compliance noted in the majority of areas inspected. The provider and person in charge had addressed four of the six actions outlined for attention following this inspection. The remaining actions which related to providing residents with information on reviews and audits conducted in accordance with Regulation 35 and the provision of appropriate personal space for residents were in progress.

The inspector found that the quality of care provided to residents met their needs and was monitored and supervised on an ongoing basis. Residents had good access to general practitioner (GP) services and to a range of allied health professionals. There was good input from specialist mental health services for assessment and treatment and a physiotherapist employed by the provider visited the centre weekly. The nursing and care staff team conveyed a wide range of knowledge on aspects of care practice and were supervised by the person in charge who was active in all aspects of management and clinical care in the centre. There was a wide range of appropriate activities that reflected residents needs and interests available each day.

There were systems in place to manage risk and promote safety. There was a risk assessment and management process in place. Adequate precautions had been made to prevent fire and staff had received up-to-date training and were suitably knowledgeable of procedures to follow in the event of fire. There was a falls monitoring system in place and procedures to prevent falls. Residents vulnerable to risks such as developing pressure area problems or changes in mood were identified and monitored closely according to documentation examined. There were also systems in place to identify residents at risk of weight loss and the inspector found that there were nutrition plans in place to address such risk.

The building provided a good environment for residents and there was a range of assistive equipment available. Communal and private areas were noted to be well maintained and in good decorative condition. Residents had access to safe outdoor space which they used regularly and which was attractively cultivated.

Residents interviewed told the inspector they were well cared for and satisfied with the way they were able to live in the centre. There was a choice of activity most days and meals were regarded as "very good" all the time.

The inspector found that staff available were based on the needs of residents and was subject to change if residents needs changed. The numbers of staff on duty and skill mix were appropriate to meet the needs of residents on the day of the inspection taking into account the number accommodated and their needs as described.

The inspector found some aspects of practice that needed improvement. These included more detail on dementia care needs required to ensure staff could provide care in an informed way and regular reviews of decisions relevant to end of life care were required in some instances. The Action Plan at the end of the report identifies areas where improvements are required to comply with the Regulations and the Authority's Standards.

### **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

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

No actions were required from the previous inspection.

## **Inspection findings**

There was a statement of purpose that reflected the services and facilities provided. The person in charge was aware of the requirement to keep this document updated to ensure it accurately reflected the layout of the premises and all the information as described in Schedule 1 of the Regulations.

### **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**

Sonass Care Centre, Ard Na Greine is part of the Sonass Care Group. John Mangan who is a member of the Board of Directors is the nominated provider to act on behalf of the company.

The Person in Charge, Margaret Mac Phee, reports to the provider, who in turn reports to the Board of Directors. The person in charge is supported by a clinical nurse manager who takes charge in her absence. The inspector found the person in charge and the team of nursing, care, catering and housekeeping staff formed a cohesive team that had a shared view that providing a good quality of life of residents each day was their priority. Staff said they felt well supported by senior staff and told the inspector there was good communication between disciplines and good support for training and development.

The person in charge said that there were arrangements in place to ensure that she can meet with the provider and with persons in charge from the organisation's other centres. The last meeting with the provider took place on 15 May 2013. There are also conference calls arranged to discuss areas of interest when required between meetings.

The person in charge was familiar with residents and took time during the day to chat and give support to several residents and visitors who had queries or who required assistance. She was knowledgeable about residents care needs, particularly those who had specialist needs. The administrative systems of the centre were well established and documentation was filed appropriately, accessible and managed with appropriate attention to privacy and security.

**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

In general the records were maintained to a good standard. There were some aspects of care planning that needed improvement in relation to dementia care and these are outlined in Outcome 11.

### **General Records (Schedule 4)**

Substantial compliance  Improvements required

The improvements required are outlined in Outcome 11.

### **Directory of Residents**

Substantial compliance  Improvements required

### **Inspection findings**

This outcome was partially reviewed.

The directory of residents was examined and found to contain the majority of the required details with the exception of the sex of residents which is part of the required information. A new register had been commenced in January 2013.

The registration certificate and complaints procedure were prominently displayed as required.

### **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 spoke with several residents during the course of the inspection. They were able to say that staff cared for them well and that they felt safe and secure in the centre. Staff responded promptly when they needed help and were always available to attend to them at times of their choosing. Two residents were aware that there were arrangements in place to address concerns if any presented. They said they knew about complaints procedures, documentation of property and how to raise issues if they felt that "something was not right".

Staff were able to convey good knowledge of the adult protection measures in place to ensure the safety of residents. The inspector spoke with three staff who could describe the types of abuse that could occur and were aware of their duty to report any suspected or alleged allegations of abuse. They said they would report any suspicions or allegations of abuse to the person in charge or nurse in charge immediately they discovered or heard of such incidents.

The inspector viewed the training records and found that all staff had up to date training in adult protection. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. Staff knowledge reflected the information in the policy and the reporting and investigation process. There were no incidents of abuse under investigation on the day of inspection. Finances were not reviewed as part of this inspection.

**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:**

Provide suitable training for staff in fire prevention by a competent person.

Ensure a high standard of evidenced-based nursing practice is met with regard to residents who have sustained a fall.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Review the written operational policies and procedures of the designated centre to ensure they reflect best evidence-based practice.

**Inspection findings**

The inspector found that there were a range of measures in place to promote the health and safety of residents, staff and visitors.

**Fire Safety:**

The inspector reviewed the fire training records and fire safety procedures with maintenance staff. Most staff are now trained to fire warden standard and training is provided by an external trainer annually. This is supplemented by unannounced fire drills each month when a different fire alarm point is activated. The response of staff is recorded and the outcome discussed at the monthly health and safety meetings. The inspector was able to verify how fire training was conducted from the records provided. The record of the fire drill conducted on 26 April 2013 indicated that staff were advised not to silence the fire alarm until it was firmly established that no fire situation existed and doors that did not engage following the drill were identified to staff. An evacuation of the building is conducted every six months and fire training was also noted to be conducted when night staff were on duty. Evacuation training included the use of evacuation chairs and evacuation from the upper floor the inspector was told. Certification for the fire alarm and fire fighting equipment indicated that this equipment was serviced at regular intervals.

There were weekly tests of the fire alarm and monthly checks of the emergency lighting. These were recorded in the fire register. The daily checks of the fire panel and fire exits were completed by nursing staff and formed part of the regular safety check that was completed daily.

**Falls Management:**

The inspector saw records that confirmed that where residents sustained falls that were unwitnessed that neurological observations were maintained and recorded in accordance with good practice guidance for the management of falls. Residents at risk of falls were identified and safety measures were in place as part of a falls prevention strategy. The inspector saw that one resident who was vulnerable to falls had been reviewed by the team for old age psychiatry and her doctor on a number of occasions and her medication had been reviewed. Staff had also assessed her

needs and put an observation plan in place as well as identifying the use of a low low bed to prevent injury. This was on order.

The recording and management of accidents and incidents was reviewed to assess the effectiveness of risk management. The inspector found that incidents were recorded in detail. Records were found to contain factual and substantiated information that described the event and the immediate actions taken by staff to ensure residents wellbeing. A review of falls was undertaken to prevent further episodes, to identify circumstances that might have contributed to falls and to plan preventative actions.

### **Risk Management Procedures:**

The inspector saw that there were arrangements in place to review critical incidents and ensure that areas for learning were identified and addressed to ensure better management of any future episodes. There had been an outbreak of influenza in the centre during March 2013. This had been appropriately notified to the local public health office and to the Authority. The actions taken to manage the outbreak were noted to be in accordance with infection control guidance and included restrictions on movements within the centre and on visitors to the centre. There was a full review of this incident completed on 4 April 2013 by the person in charge. The inspector saw that in the initial stages a report had been made to public health detailing the vaccination status of staff and residents, the number of residents with symptoms, the date of onset of illness, the steps in place to control the outbreak and the equipment in place. The control measures were also outlined and these included the provision of appropriate staffing levels to address residents changing needs, preventative measures to prevent further spread and good communication systems between clinicians and the providers. Areas where improvements and additional supervision were needed were identified during the outbreak and were addressed. These areas included monitoring the transfer of laundry and the delivery of supplies. At the conclusion of the outbreak staff also identified that it would be useful to have the details of residents relatives and significant others readily accessible in the event of future critical events. While the information was available it was in residents records or in the register and took time to access when they wished to relay information expediently.

Policies and procedures in relation to risk identification and management such as behaviour that challenges, aggression and self harm included strategies for the management of the event, the reporting arrangements and assessment and review following the incident.

### **General Health and Safety Matters**

The inspector saw that there were supplies of personal protective equipment available and staff said that there was always a plentiful supply of items in regular use. Staff were observed to use gloves and aprons frequently and disposed of them after each use when they moved from one room to another.

The environment was noted to be visibly clean and there were measures in place to ensure the appropriate segregation and disposal of waste, including clinical waste.

Laundry was effectively managed and there was a separation system for general and soiled laundry with associated laundry procedures to ensure effective management.

The inspector viewed training records which indicated staff had been trained in the safe moving and handling of residents. Staff were noted to use equipment such as wheelchairs and hoists appropriately and moving and handling manoeuvres were observed to be appropriately undertaken when staff were providing care.

Access to the kitchen area was controlled to ensure adherence to food safety regulations. Catering staff had a food safety hazard analysis system in place as required by environmental health legislation.

Windows on the upper floor were appropriately restricted and a lift provided access from the ground to the first floor.

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

No actions were required from the previous inspection.

### **Inspection findings**

There was a comprehensive medication management policy in place which provided guidance to staff on the management of medication in the centre.

The inspector reviewed the medication arrangements with one of the nurses. A monitored dosage system was in use. Photographic identification was available on the medication administration charts for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear in outline and distinguished between PRN (as required) and regular medication. There were some deficits noted in the prescriptions for PRN medication. The inspector noted that in the sample of charts reviewed that when PRN medication was prescribed the maximum dose in a 24 hour period was not always outlined. Other deficits included one signature for a number of medications and the address of the centre omitted from the prescription sheet. Medication that was discontinued was signed and dated with the stoppage date. Medication that was to be given in a crushed format was identified and the inspector was told that where possible a liquid form of the medication was obtained.

Medications that required strict control measures (MDAs) were appropriately managed and kept in a secure double locked cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of such medications and two nurses checked the supply at the end of each shift and recorded the balance. The balances recorded for two items the inspector checked was in accordance with the supply.

The inspector discussed the management of residents who had problems associated with epilepsy. There were appropriate care plans in place and all three residents with this condition were stable. Where required emergency medication had been prescribed and was available.

#### **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 required notifications were provided to the Authority. The inspector reviewed the notifications received and found that the accident and incident record reflected the notifications that had been supplied.

Nursing staff confirmed that they knew the notifications and time lines for serious and less serious incidents. Wound care problems in receipt of attention had been notified or were less than grade 2 and were not notifiable. An outbreak of influenza that occurred in March 2013 was appropriately notified and regular updates provided to the Authority as requested.

#### **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

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

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35 and make a copy of the report available to residents and, if requested, to the Chief Inspector.

**Inspection findings**

This action was in progress. While a report in accordance with Regulation 35 was not available, there were a number of other audit reports that had been completed by the person in charge available.

Data was collected on a number of key quality indicators such as accidents/incidents, medication management, specifically antibiotic use, residents participation in activities and wound care management. There was evidence that the information collated was used to improve the service. There was good emphasis on falls prevention as a result of the data collected on falls and where trends were identified these were relayed to staff to prevent future episodes. The review of falls, slips and trips included the identification of additional equipment and if input from other professionals was required to assist with the assessments and treatment plans. The inspector saw that where equipment or professional advice was needed this had been made available.

An analysis of residents attending activities was completed by the activity coordinator. The inspector was provided with the results of a survey conducted over one week in December 2012. This indicated that 46 residents took part in activities with the most popular activity being group exercises with the physiotherapist and activity coordinator. Other activities that were well attended were bingo and music sessions. There were examples of changes made for the benefit of residents. These included changes to the activity schedule and the inclusion of different activities that had resulted in a programme with wider appeal to residents.

The inspector was told by the person in charge that it was intended that the data that was regularly collected and analysed would be collated to form the basis of the Regulation 35 reports.

**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

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

No actions were required from the previous inspection.

**Inspection findings**

There were 49 residents accommodated on the day of inspection. Their care needs had been assessed as 31 residents who had maximum care needs, 10 who had high care needs, seven who were of medium dependency and one who had low care needs. Residents had predominantly problems that related to old age and a significant number had problems associated with dementia. The inspector found that nurses were well informed and knowledgeable about the personal and medical care needs of residents. The care and treatment provided in a variety of situations such as wound care, nutrition and weight management and dementia was reviewed with nurses and found to be appropriate and ensured the health and wellbeing of residents. Care practice was supported by advice and guidance from allied health professionals where required.

Residents told the inspector that they found staff "kind and attentive" to them. One resident said that "we are very well cared for and we don't have to wait for staff to help us". When they were unwell residents said that doctors were called and staff provided extra care to assist their recovery.

A sample of care records were reviewed. The inspector noted that care plans reflected personal choices and that medical care problems, personal care needs and specialist care needs were identified with the actions staff should take to address needs clearly outlined. There was a system to ensure that care plans were reviewed at the required three month intervals and the inspector saw that this system operated well in practice. Nurses were aware of when reviews were due and there were arrangements made to include residents, members of family and significant others. Care records reflected that the views of residents and family members were recorded and were included in the care planning process in accordance with Regulation 8.

Residents who had problems related to confusion/dementia or mental health problems were reviewed regularly by medical staff, nurses and specialists from the team for old age psychiatry. Their care needs, changes in behaviour patterns and responses to treatment were documented in care records. There were mental test assessments that outlined levels of confusion, orientation and mood changes and this information was used to plan care. In some instances the inspector found that while the degree of confusion was outlined there was little information that indicated how this impacted on aspects of daily life. Information such as who the resident still recognised, what activities they could still undertake which would guide staff practice was not always evident. The inspector noted areas of good practice particularly where residents who had memory or mental health problems. Care practice observed indicated that staff helped orientate residents to the present by reminding them of meal times, activities that were to take place that day, what was topical in the local area and in the national news. The management of illnesses such as depression was in accordance with good practice guidance. A recognised assessment scale in use. There were good observations of changes in mood described in nurse's daily records and specialist assessment from the team for old age psychiatry was sought where required. Staff had training in cardiopulmonary resuscitation which was up to date and had equipment for this purpose.

Wound care problems were identified appropriately, referred for specialist opinion and were well managed. A pressure area problem was examined to determine the standards in place for wound care management. Two wounds were in receipt of attention and were improving following nursing intervention. There were records available that conveyed the treatment provided, the changes and progress of wounds and the grade of wound according to established wound classifications. There were measurements recorded and photographs so that changes could be easily identified. One wound had developed under a plaster. This was noted by staff and appropriate treatment instigated. There were pain assessments undertaken where required and records maintained of pain levels and analgesia administered. Residents who were vulnerable to pressure area problems had been assessed and there were monitoring systems in place to ensure skin integrity.

There were two residents with percutaneous endoscopic gastronomy (PEG) nutrition systems in place. Arrangements for regular reviews were established and the inspector saw that these were undertaken by a dietician and by their doctor. The inspector saw that where there was concern about nutritional or fluid intake that this was monitored by care and nursing staff. Residents who were at risk of weight loss

were also monitored and referred for review by the dietician. In all staff said they monitored 23 residents closely for weight changes. Where residents had swallowing problems or dementia they were referred for speech and language assessment and the inspector saw several records where recommendation had been made and were implemented.

The inspector found that residents' nutrition and dietary needs were being met and meals provided were well prepared and attractively presented. Residents were very pleased with the food provided and said that the catering staff ensured that they had "good food that is to our liking" according to one resident. The inspector saw that there were plenty of drinks available in close proximity to residents throughout the day and observed staff prompting residents to drink at varied times.

The inspector was told by nursing staff that the records of care delivered completed by care staff were undergoing revision with a view to enhancing the delivery of care. More detailed plans of care that included observations on food and fluid intake and direct personal care would be given to carers to ensure these aspects were described daily.

**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:**

Provide suitable facilities for residents to meet visitors in an area which is separate from the residents' own private rooms.

Provide suitable facilities for the storage of all equipment.

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

**Inspection findings**

Sonass Care Centre, Ard na Greine is a purpose-built facility for dependent people. It is a two-storey complex, providing long-term, convalescent and respite care for up to 58 residents including those who have dementia care needs. The layout was noted to be appropriate with good space available in sitting and dining areas that enabled residents to sit together in comfort or to walk around the unit if they wished. The furniture and décor was noted to be coordinated, bright, clean and modern.

Accommodation comprises 38 single rooms of which 25 are ensuite. There are ten twin bedrooms with ensuite. All ensuites include a toilet, shower and wash-hand basin. The centre has communal and private areas including four comfortable sitting rooms, two dining rooms and an oratory.

There are two enclosed gardens provided with seating and external areas landscaped for residents' use. There is good space provided for parking to the front of the building which is clearly signposted.

The inspector saw that the centre was maintained in good decorative order and was attractively furnished with many features that contributed to creating a home like atmosphere. There was a decorating programme underway with several areas refurbished or being repainted. Many residents rooms were noted to be well personalised with photographs, pictures, flowers and ornaments belonging to residents on display. New beds had been provided in several rooms and where needed, beds that included integrated bedrails had been supplied.

The inspector noted that communal areas were used well by residents and that residents could choose where they wished to sit during the day. Some residents choose to use the smaller sitting room near the reception area at times and the inspector was told that residents were encouraged to exercise choice and offered options each day on where they wished to sit.

The centre was secure with a restricted access system in place ensuring staff were aware of all visitors in the centre.

Equipment such as hoists, wheelchairs, specialist beds, chairs and clinical equipment such as nebulisers were available according to residents needs. These were serviced regularly at intervals set out by the contract company.

There was a room on the upper floor that had been designated for residents to see visitors in private. This was appropriately furnished and decorated and was in use.

The provider has obtained planning permission to extend a number of rooms that are undersized to make them compatible with the Authority's space standards for resident's private space. The provision of adequate space for storage is also part of the refurbishment plan. The inspector noted that equipment throughout the building was stored safely during the inspection.

The inspector noted the following areas that required attention:

- the bathroom near rooms 9 and 11 needed some upgrading as the side of the bath was damaged and presented an infection control hazard
- the sluice on the upper floor had evidence of rust around pipework.

**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:**

No actions were required from the previous inspection.

**Inspection findings**

The complaints procedure was on display and two residents interviewed by the inspector said they would bring concerns to the attention of staff. They knew the person in charge and her deputy and said they would ask to speak to them if other staff could not sort out the problem. They said they had not had reason to make any complaints.

The person in charge is the nominated person to manage complaints for the centre. There is a reporting system that ensures the provider is made aware of all complaints.

**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 centre has a majority of single rooms to facilitate privacy at end of life. The inspector was satisfied from the information provided that staff could provide appropriate care at end of life and that they were well informed about the considerations that need to be made at this time. The inspector noted in four care records that residents wishes in respect of end of life care had been recorded. In one instance the resident had described their choice of spiritual care at end of life, their request to have family members with them and their choice of burial. The members of family to carry out the expressed wishes of residents was described in many records. In other records the inspector saw that staff had instigated the discussion with residents and family members and had recorded their views.

Residents at end of life are supported by the palliative care team if required and nurses said this input had been very helpful when referrals had been made.

There were some records that indicated that residents were not for resuscitation and there was information in some records that indicated that this decision was reviewed by doctors and family members at times. However, it was not evident that there was a regular review system in place to ensure that this information was current and reflected residents up to date health status.

### **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

A programme of activities was in place and this was facilitated by an activity coordinator supported by care and nursing staff. There were also two volunteers that

have an active role in facilitating some activities particularly the outdoor gardening work which some residents enjoyed. The physiotherapist also contributed by undertaking regular group exercise sessions. Residents had a wide range of care needs and there were different approaches required to ensure that all residents had access to meaningful activity. The inspector was satisfied from observing practice, listening to the views of residents and talking with staff that social care was a high priority and was planned and undertaken effectively to ensure residents had a range of social outlets and experiences.

The inspector interviewed the activity coordinator about her approach to activity provision and meeting residents needs. She had completed specialist training for her role. This included a workshop on activity provision and the specialist sonas training which is an approach particularly applicable to residents with dementia care needs. An activity is planned for the two main sitting areas during the morning and afternoon. The inspector saw the activity programme which included exercise groups, music sessions, card playing, knitting, baking and reminiscence sessions. There was an emphasis on using the outdoor space and raised planters were in use to enable resident to plant vegetables and flowers. This activity was led by one of the volunteers.

Residents told the inspector that they had plenty to occupy their time and described how they enjoyed going out to the garden, visiting relatives in the community and receiving visitors. Some residents said they really enjoyed the baking sessions and the specialist events such as parties for special events and mentioned the tea party that had been held as part of the Alzheimer tea day fund raising events.

The inspector was told that the activity schedule is reviewed to ensure that it remains relevant and reflects residents needs. There is a regular audit of this aspect of provision to identify residents views and as abasis to identify where change is needed.

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

No actions were required from the previous inspection.

## Inspection findings

This outcome was not fully inspected. The inspector saw that there was a policy in place to guide staff on the correct practices to follow when dealing with residents' property and possessions. Records of property were completed during the admission process and were updated when new items were brought in to the centre.

The inspector noted that laundry staff had a labelling machine with a roll of labels for each resident to ensure that clothing was appropriately identified to prevent loss. Residents said that care staff took care with their belongings and ensured that their clothing was put away carefully when returned from the laundry.

### **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

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

No actions were required from the previous inspection.

## Inspection findings

The inspector found that the centre had a committed and well informed staff team. Carers and nurses had a good knowledge of residents care needs, choices and preferences and were able to describe for the inspector the way residents spent their day. Particular choices such as when they wished to get up and go to bed, the activities they wished to attend, where they wished to dine and see visitors were known to staff.

There was a comprehensive programme of staff training and development. In addition to training in the statutory topics of moving and handling, elder abuse and fire safety, staff had received training on hand hygiene, infection control and resuscitation procedures. Training on the statutory topics was up to date and a training record confirmed when staff had training. Three nurses had completed the diploma in gerontology. The inspector found from talking to staff that training was ongoing and that staff were encouraged and facilitated to attend training when available locally or when organised specifically for the centre. Staff said they benefited from the opportunities to update their skills and said it enabled them to provide care more effectively.

The deployment of staff during the day allowed for two nurses excluding the person in charge to be on duty during the day. They are supported by ten carers during the morning reducing to eight in the afternoon. The person in charge finishes at 17:00hrs leaving two nurses on duty. In addition there are three catering staff, a cleaner, laundry staff, an administrator and a maintenance man on duty throughout the day. At night there is one nurse and three carers on duty from 20:00hrs until midnight and from then the nurse has the support of two carers. While the inspector was satisfied that the number and skill mix of staff was appropriate to meet the needs of current residents and the number that was accommodated (49), in view of the number of residents who had dementia care needs or mental health problems the inspector formed the view that staff levels and skill mix should be kept under regular review particularly if the occupancy level increased. The inspector was told by the person in charge and nurses that increasing staff in accordance with residents changing needs was not a problem and was discussed with the provider when required.

## Closing the visit

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

## Acknowledgements

The inspectors wish 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

13 June 2013

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report\*

<b>Centre Name:</b>	Sonas Care Centre Ard na Greine
<b>Centre ID:</b>	0385
<b>Date of inspection:</b>	16 May 2013
<b>Date of response:</b>	11 July 2013

### 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 directory of residents was examined and found to contain the majority of the required details with the exception of the sex of residents which is part of the required information.

#### **Action required:**

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

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

<b>Reference:</b> Health Act, 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All new admissions entered into register with reference to sex of resident ie. male/female. Registers will be updated for existing residents to include same.	11 July 2013

**Theme: Safe care and support**

***Outcome 8: Medication management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
<p>There were some deficits noted in the medication prescribing systems. The inspector noted that in the sample of charts reviewed that when "as required" medication was prescribed the maximum dose in a 24 hour period was not always outlined. Other deficits included one signature for a number of medications and the address of the centre omitted from the prescription sheet.</p>	
<b>Action required:</b>	
<p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<b>Reference:</b> Health Act, 2007 Regulation: Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Prescription sheet currently being reviewed.  Maximum dose of PRN medications over a 24 hours period now	1 August 2013  completed

included in prescription sheet.	
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<b>Theme: Effective care and support</b>
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***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 range of reviews on aspects of the service had been undertaken to improve quality of care and quality of life however a report based on these reviews and collating the information compiled was not available.

**Action required:**

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35, and make a copy of the report available to residents and, if requested, to the Chief Inspector.

**Reference:**

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
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Provider's response:

Updated report will fulfill all the requirements of regulation 35.

1 September  
2013

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

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

There were some improvements required to care records and care plans where residents had dementia or confusion. In some instances the inspector found that while the degree of confusion was outlined there was little information that indicated how this impacted on aspects of daily life.

**Action required:**

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

**Reference:**

Health Act, 2007

Regulation 8: Assessment and Care Planning Regulation 9: Health Care 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:  Resident care and care planning will reflect all the requirements of the bio-psychosocial model of care. All supporting documentation will reflect this.	1 September 2013

***Outcome 12: Safe and suitable premises***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  Some bedrooms were not of adequate size to meet the individual needs of residents.  The bathroom near rooms 9 and 11 needed some upgrading as the side of the bath was damaged and presented an infection control hazard.  The sluice on the upper floor had evidence of rust around pipework.	
<b>Action required:</b>  Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
<b>Action required:</b>  Keep all parts of the designated centre clean and suitably decorated.	
<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Bedrooms that do not adhere to <i>National Quality Standards for Residential Care Settings for Older People</i> will be extended.  Painting schedule in place and includes bathrooms and sluice.	September 2014  30 September 2013

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

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

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

It was not evident in care records where residents were not for resuscitation that there was a regular review system in place to ensure that this information was current and reflected residents up to date health status.

**Action required:**

Put in place written operational policies and protocols for end of life care.

**Action required:**

Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

**Reference:**

Health Act, 2007  
Regulation 14: End of Life Care  
Standard 16: End of Life Care

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

**Timescale:**

Provider's response:

End of life policy clearly outlines when DNR status is reviewed.

Completed

**Theme: Workforce**

***Outcome 18: Suitable staffing***

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

In view of the number of residents who had dementia care needs or mental health problems the inspector formed the view that staff levels and skill mix should be kept under regular review particularly if the occupancy level increases.

**Action required:**

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.

<b>Reference:</b> Health Act, 2007 Regulation 16: Staffing Regulation 17: Training and Staff Development Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Staffing levels and skill mix are reviewed weekly by the Director of Care.  All residents dependancies are assessed using a Modified Bartel score. This tool includes an assessment of challenging behaviour.  Staffing levels are then determined by using a transparently applied staffing tool.	Ongoing 11 July 2013