

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sonas Nursing Home Athlone
Centre ID:	OSV-0005422
Centre address:	Cloghanboy, Ballymahon Road, Athlone, Westmeath.
Telephone number:	090 647 9568
Email address:	athlone@sonas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sonas Asset Holdings Limited
Provider Nominee:	Seamus Crawley
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 May 2017 09:20 To: 29 May 2017 18:00

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

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

Summary of findings from this inspection

This inspection was the first inspection of the centre since registration with the Health Information and Quality Authority (HIQA) under the new provider entity. This report sets out the findings of an unannounced thematic inspection which focused on specific outcomes relevant to dementia care in the centre. Inspectors considered pre-inspection documentation forwarded by the provider/person in charge, notifications and other relevant information.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider completed a self-assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)

Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The journey of a sample of residents with dementia within the service was tracked. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated tool. Inspectors reviewed documentation such as residents' nursing assessments, care plans, medical records and examined relevant policies including those submitted prior to inspection. The inspectors met with residents and staff members during the inspection. Residents spoken with by inspectors expressed their satisfaction and contentment with living in the centre. Residents commented positively about staff caring for them and the service provided.

All interactions by staff with residents were respectful and supportive. Documentation in relation to staff employment information and evidence of completed appropriate vetting procedures were complete. While all staff were provided with opportunities to attend training to progress their professional development and skills, a number of staff had not completed safeguarding, fire safety and safe moving and handling procedures. Staff spoken with were knowledgeable regarding residents and their care needs. Procedures were in place for safeguarding residents and residents spoken with confirmed they felt safe in the centre. Inspectors' findings indicated that there was sufficient staffing resources provided to meet residents' needs but was needed to improve supervision of residents and continuity of their recreational activities during absences by the activity coordinators during the morning.

Inspectors' findings indicated that residents' healthcare needs were met to a good standard. There were policies and procedures in place to safeguard residents from abuse. While staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place, a number of staff had not completed mandatory training in safeguarding residents from abuse. There also policies and practices in place to inform care of residents with behavioral and psychological symptoms of dementia and use of restraint. Restraint management was found to be of a good standard with commitment demonstrated by the person in charge and staff team to achieving a restraint-free environment.

Residents' accommodation in the centre was provided over two floors and residents with dementia integrated with other residents. The design and layout of the centre provided a therapeutic, comfortable and accessible environment for residents with dementia. Work was underway to enhance colour schemes and to improve accessibility and signage for residents with dementia. Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia. While there was evidence of good effort made to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre, some improvement was necessary in staff allocation and their role definition to ensure all residents could enjoy the one to one and small group activities provided to meet the interests and capabilities of residents with dementia.

The Action Plan at the end of this 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 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

This was the centre's first inspection by the Authority.

Findings:

This outcome sets out inspection findings relating to healthcare, nursing assessments and care planning. The findings in relation to social care of residents with dementia in the centre are covered in Outcome 3 in this report.

The centre catered for residents with a range of dependency needs. On the day of this inspection, there were a total of 55 residents in the centre. Inspectors focused on the experience of the seventeen residents in the centre with a diagnosis or symptoms of dementia. They tracked the journey of a sample of these residents and also reviewed specific aspects of care such as safeguarding, nutrition, wound care and end-of-life care in relation to other residents with dementia in the centre.

Inspectors found that there were systems in place to optimize communications between residents/families, the acute hospital and the centre. The person in charge or senior nurse visited prospective residents in hospital or their home in the community prior to their admission. Some residents with dementia transitioned to continuing care from previous admissions for respite care. Prospective residents and their families were also welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

Where available, a copy of the Common Summary Assessments (CSARs), which details pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme, was kept for reference in residents' files. The details of pre-admission assessments completed by the person in charge or her deputy were maintained as part of residents' records. The files of residents admitted to the centre from hospital also held their hospital discharge documentation, which included a medical summary letter and a nursing assessment. Transfer documentation was available that detailed information about the needs of residents transferring to hospital from the centre. It recorded appropriate information about their physical, mental and psychological health, medications and nursing needs. Residents were protected by safe

medicine management and procedures and practices were in line with the relevant legislation and professional guidelines.

The healthcare needs of residents with dementia were met to a good standard. Inspectors found that residents with dementia received timely access to health care services. A number of general practitioners (GPs) attended to the needs of residents in the centre. This arrangement facilitated residents from the locality to retain the GP they attended in their community and gave other residents a choice of GP caring for them. Residents were supported to attend out-patient appointments and were referred as necessary to the acute hospital services. Documentation reviewed and residents spoken with by inspectors confirmed they had access to GP care including out-of-hours medical care. Residents had good access to allied healthcare professionals. A physiotherapist was employed as part of the staff team in the centre four days each week. The centre's physiotherapist assessed each resident's mobility and need for assistance. She developed and implemented treatment and rehabilitation plans for individual residents to optimize their safe mobility. Occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services were also accessible to residents as necessary. Community psychiatry of older age specialist services attended some residents in the centre with dementia and supported GPs and staff with care of residents who experienced behavioural and psychological symptoms of dementia (BPSD) as needed. Inspectors observed that residents' positive health and wellbeing was promoted with regular physiotherapy, exercise as part of their activation programme, an annual influenza vaccination programme, regular blood profiling and monthly medication reviews. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as necessary.

There were systems in place to meet the health and nursing needs of residents with dementia. Assessments of residents' needs were carried out within 48 hours following their admission to the centre and care plans were developed based on assessments of need and thereafter in line with residents' changing needs. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. There was evidence of on-going work including staff training and auditing procedures to ensure assessment and documentation of residents' needs was maintained to a good standard. Improvements made by the person in charge and the staff team were demonstrated to inspectors to ensure residents' needs were addressed. Each resident's needs were documented in care plans that were for the most part, person-centred and informative with the exception of a behavioural support care plan in place for one resident who experienced BPSD. The information detailed required some improvement to ensure it clearly informed the behaviour experienced by the resident, the triggers to the behaviour to inform prevention and the effective de-escalation intervention strategies staff should use if the behaviours occurred. Care plans were updated routinely on a three to four monthly basis or more frequently to reflect residents' changing care needs as necessary. Care plans were developed and reviewed in consultation with residents or their relatives. Inspectors found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and care needs.

Staff provided end-of-life care to residents with the support of their medical practitioner

and the community palliative care services as necessary. While there were no residents receiving end-of-life care during this inspection, one resident was in receipt of palliative care support to ensure their comfort needs were optimized. A pain assessment tool for residents, including residents who were non-verbal was available and used to support pain management. Inspectors reviewed a sample of end-of-life care plans for residents and found that they outlined residents' wishes regarding their physical, psychological and spiritual care and the location for receipt of end-of-life care where appropriate. Advanced directives were in place for some residents regarding resuscitation procedures. This documentation recorded input by residents or their family on their behalf in the documentation reviewed. Residents had access to an oratory in the centre. Residents were accommodated in a single bedroom during end-of-life care. Relatives were facilitated to remain overnight with residents in receipt of end-of-life care. Members of the local clergy from the various religious faiths were available to residents and provided them with pastoral and spiritual support as they wished.

There were care procedures in place to prevent residents developing pressure related skin injuries in the centre. No resident had developed a pressure ulcer in the centre during the 12 months previous to this inspection. Each resident had their risk of developing pressure ulcers assessed on admission and regularly thereafter. Pressure relieving mattresses, cushions and repositioning schedules were used to mitigate any risk of ulcers developing. The person in charge discussed care procedures for one resident admitted into the centre with a pressure ulcer which was improving since admission. A policy document informed this resident's wound management. Inspectors observed that the wound was photographed and the dimensions were measured to monitor progress with healing in line with evidence-based practice procedures. A treatment plan informed by tissue viability specialist assessment was in place. While tissue viability specialist services were available to support staff with management of pressure wounds they were also available to provide support with management of any residents' wounds that were deteriorating or slow to heal. There were arrangements in place to ensure the nutritional needs of residents who were at increased risk of developing pressure ulcers were reviewed by a dietician.

There were systems in place to ensure residents' nutritional needs were met and that they did not experience poor hydration. A nutrition policy document was available and informed practice. Residents were screened for nutritional risk using the 'Malnutrition Universal Screening Tool' (MUST) assessment process on admission and were reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. Nutritional assessment and care plans were in place that outlined the recommendations of the dietician and speech and language therapist where appropriate. Systems were in place for recording and monitoring residents' nutrition and fluid intake where required. Residents' nutritional and fluid intake was recorded routinely for three days following their admission to the centre to identify their needs at an early stage and to inform implementation of timely interventions as necessary. The chefs met with residents on admission and on an on-going basis to ensure their individual food preferences and needs were catered for. Inspectors saw that residents had a choice of hot meals for lunch and tea. Residents with dementia were supported to make an informed choice regarding their choice of meal by staff at each mealtime. The head chef told an inspector that she was in the process of developing a pictorial menu for residents with

dementia to optimize support for them to make informed choices about the meals on the menu. Alternatives to the menu on offer, snacks and refreshments were provided. There were arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. Inspectors observed that residents on weight-reducing, diabetic and fortified diets, and residents who required modified consistency diets and thickened fluids, received the correct diets. Staff supported, encouraged and provided discreet assistance to residents with dementia with eating their meals as necessary.

There were arrangements in place to review accidents and incidents involving residents in the centre. Residents were assessed on admission and regularly thereafter for risk of falls. Residents were assessed on admission and regularly thereafter for risk of falls. There was a very low incidence of falls that resulted in injury to residents in the centre and there were arrangements in place to review accidents and incidents involving residents in the centre with any learning identified and implemented. HIQA was notified of one incident of a resident falling and sustaining a fracture since 01 January 2017. Procedures were put in place to mitigate risk of further falls and residents at risk of falling were appropriately risk assessed by the centre's physiotherapist. Controls such as hip protection, low-level beds, increased staff supervision and sensor alarm equipment were put in place as risk mitigation measures.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents. Inspectors found that practices in relation to prescribing, administration and review of residents' medicines met with regulatory requirements and professional guidelines. The maximum dosage of PRN (a medicine only taken as the need arises) medicine permissible over a 24 hour period and medicines to be administered in a crushed format were individually indicated by the prescriber. Inspectors were told that staff were trained to administer subcutaneous fluids to treat dehydration in order to avoid unnecessary hospital admissions. No residents were prescribed subcutaneous fluid administration on the day of this inspection. The pharmacist who supplied residents' medications was facilitated to meet their obligations to residents. The pharmacist completed monthly reviews of residents medications and their findings were communicated to residents' GPs and the person in charge. There were procedures for the return of out of date or unused medications. Systems were in place for recording and managing medication errors. Medicines controlled under misuse of drugs legislation and medicines requiring refrigerated storage were appropriately managed. Balances of controlled medicines were checked as required and balances checked by an inspector were correct. Monitoring of medication refrigerator temperatures was in place.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place to protect residents with a diagnosis of dementia and all other residents from being harmed or suffering abuse. The safeguarding policy informed staff on the management of any allegations, suspicions or incidents of abuse to residents.

All interactions by staff with residents observed by inspectors on the day of this inspection were respectful, supportive and kind. Staff spoken with by inspectors were knowledgeable regarding types of abuse and their responsibility to report any allegations, suspicions or incidents of abuse. Staff spoken with were aware of what to do if they suspected, were informed of an allegation of abuse or had suspicions that an abusive incident had occurred. However, staff training records indicated that 11 staff did not have up-to-date safeguarding training completed. There were no allegations or incidents of abuse under investigation in the centre. Residents told inspectors that they felt safe in the centre and that staff always treated them with 'respect and kindness'.

One resident with dementia occasionally experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While detail provided in this residents behavioural support care plan care required some improvement, the behaviours experienced by this resident were well managed by staff and were not evident on this inspection. Inspectors observed that staff responded to all residents with dementia with compassion and supportive assistance. A substantial proportion of staff had attended training on dementia care and managing behaviours that challenge and training was on-going to ensure all staff were skilled in the care of residents with dementia.

A policy informing the use of restraint was available and was demonstrated in practice. There was evidence that the person charge and staff team were committed to and working towards achieving a restraint-free environment. This was demonstrated in a significant reduction in the use of bedrail use in the centre. The person in charge advised inspectors that there were no residents receiving PRN (a medicine only taken as the need arises) psychotropic medications to de-escalate responsive behaviours. Procedures were in place to ensure any use of PRN psychotropic medicine was reviewed. Inspectors saw that bedrails were currently being used for nine residents. Appropriate 'enabler' equipment was available and used where possible as an alternative to a full-length bedrail. Assessment of bedrail use was completed to determine need and to ensure safety of use in each case. There was evidence of alternatives tried to ensure full-length bedrail use was appropriate. While there was documentary evidence that residents were being checked while bedrails were in use, the recording format for this information needed review to improve clarity.

There were procedures in place for managing residents' money put in safekeeping. Residents had a lockable space in their bedrooms to secure their personal valuables if

they wished. The provider did not act as an agent for collection of any residents' pension. The processes for maintaining small amounts of money on behalf of some individual residents was transparent and was accessible to them as they wished.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

Residents with dementia were consulted with and participated in the organisation of the centre. Residents' meetings were held on a monthly basis in the centre and were attended by residents with dementia. Minutes of these meetings were available for review by inspectors. A survey seeking feedback from residents and their relatives was also conducted in the last quarter of 2016. While most responses were positive, there was evidence that actions were taken to address any areas for improvement identified.

Inspectors found that residents' privacy and dignity was respected by staff at all times. Staff were observed knocking on residents' doors prior to entering their rooms and closing bedroom and toilet doors during personal care activities. Visiting was not restricted at any time and a coffee dock area and library room were conveniently located off the main sitting room on the ground floor for residents to meet their visitors in private. The centre maintained a record of visitors to the centre.

Residents were facilitated to exercise their civil, political and religious rights. Residents with dementia were supported to abstain from or observe religious practices in accordance with their wishes. A weekly Mass and weekly visits by a Eucharistic minister was organized for residents. A multi-denominational oratory was also available to residents in the centre. Clergy from the different faiths were available to and visited residents in the centre. The person in charge outlined how residents were supported to vote in the centre or in their local polling station as appropriate.

There was a variety of communal sitting rooms on both floors, most of which were used by residents during the day of inspection for their relaxation or to facilitate one-to-one and group activities. A large enclosed garden was also located on the grounds of the centre and was accessible from the communal sitting rooms on the ground floor for residents' convenience. Inspectors were informed that the centre had access to a wheelchair accessible bus for outings, and gave examples of the some recent trips to events in the local community. Some residents were members of a local choir which gave them opportunity to meet residents with an interest in singing from other nursing

homes in the locality. A knitting club had also been established and residents in the centre had knitted items for a number of charitable causes.

Activity schedules reviewed by inspectors indicated that on average, three to four activities were held on a daily basis in the centre. Two full-time activity coordinators had responsibility for providing activities to meet residents' interests and capabilities over seven days and up to 20:00hrs on a number of days each week. One activity coordinator was rostered to be present in the centre on a daily basis. However inspectors' findings indicated that review was necessary of the contingency arrangements to ensure continuity of residents' group activities during planned and unplanned leave by either of the activity coordinators. On the morning of the inspection, inspectors observed that a small number of care staff engaged with residents on a one-to-one basis but planned group activities were not carried out in the absence of the activity coordinators. Improvement in supervision of vulnerable residents resting in the sitting rooms also needed improvement during the morning. These findings were demonstrated to the deputy person in charge by an inspector and were immediately addressed by her and the person in charge. In the afternoon, inspectors saw that residents with dementia were well supervised and were supported to participate in and enjoy scheduled group and one-to-one activities facilitated by care staff.

Inspectors were shown evidence of several assessments completed to ensure that activities provided reflected residents' interests and capabilities. While these records clearly indicated the activities each resident with dementia participated in, improvement was needed in the information recorded in terms of their level of engagement to ensure their interests and capability needs were comprehensively met.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record these interactions at five minute intervals in both dining-rooms and two sitting-rooms. Scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the quality of the interactions with the majority of residents. Inspectors' observations concluded that there was evidence of positive connective care, especially in one-to-one interactions and in group sessions. However, observations of the interactions throughout the morning of the inspection indicated that a review of staff allocation was required to improve the quality of supervision and activation of residents at this time.

Residents have access to a private telephone, and wireless broadband has recently been rolled out throughout the centre. The person in charge told inspectors that while residents had been offered access to a computer, no one had availed of this to date. However, a number of residents had their own computers.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: A complaints procedure was in place that ensured that the complaints of all residents, including those with dementia, are listened to and acted upon. An appeals process was clearly defined.</p> <p>A summary of the complaints' policy was displayed at the entrance to the nursing home, and was included in a residents' information folder. The person in charge ensured that residents and their representatives were aware of the complaints process and were supported to make complaints.</p> <p>There was a nominated person responsible for the management of complaints, and a second person was nominated to ensure that complaints were recorded and responded to appropriately. These designated roles required review to ensure that complaints were managed and reviewed by the persons outlined in the policy.</p> <p>A complaints log for both formal complaints and verbal complaints was maintained. These records were reviewed by inspectors and were found to contain all of the information required by the regulations. All complaints were appropriately investigated and closed in a timely manner. The satisfaction of the complainant with the outcome of investigation of complaints was obtained and an appeals process was in place if required.</p>
<p>Judgment: Compliant</p>

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>

<p>Outstanding requirement(s) from previous inspection(s): This was the centre's first inspection by the Authority.</p> <p>Findings: Inspectors' findings indicated that sufficient resources were provided in terms of staffing numbers and skills. However a review of staffing role definitions and their allocation was necessary to ensure residents with dementia were appropriately supervised and continuity of their recreational activities was assured during the morning period in the communal rooms.</p>
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A planned and actual staff roster was in place, with changes clearly indicated. The roster reviewed by inspectors indicated that a nurse was rostered on duty at all times and reflected staff working in the centre on the day of inspection.

Although there was sufficient staff on duty, inspectors' observations during the morning of the inspection indicated that improvement was required to ensure residents were appropriately supervised in the communal sitting rooms. Due to planned and unplanned leave by the activity coordinators, residents were unable to avail of the activity planned for them during the morning of the inspection. Care staff were seen to facilitate residents' activities in the afternoon and residents responded positively to them. Staff were observed to promptly attend to residents' personal care needs or answer call bells in a timely manner throughout the day.

An induction programme was in place for all staff recruited to the centre. The person in charge outlined how reviews took place during the first, third and sixth month of the probationary period, with annual appraisals occurring thereafter. Inspectors were provided with evidence of these reviews.

A staff training programme for staff was in place and ongoing. Staff were facilitated to attend professional development training including care of residents with dementia. Staff training in management of behaviours and psychological symptoms of dementia was part of the training on dementia. Staff spoken with were knowledgeable regarding the procedures they should follow in the event of a fire in the centre and all moving and handling procedures observed with residents were completed safely. However the staff training records indicated that eight staff did not have annual training completed in fire safety and four staff had not completed training in safe moving and handling procedures.

A sample of staff files reviewed by inspectors were found to contain all of the information required by the regulations. Evidence of An Garda Síochána Vetting was present in each of the staff files examined. No volunteers were currently operating in the centre on the day of the inspection.

Evidence of up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann for all nursing staff employed in the centre was provided to inspectors.

Meetings for various staff grades were held on a regular basis by the person in charge and minutes of these meetings were reviewed by inspectors on the day of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

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

This was the centre's first inspection by the Authority.

Findings:

The centre design and layout of the centre provided a therapeutic and accessible environment for residents with dementia. The centre was spacious and promoted residents' dignity, independence and wellbeing. Residents with dementia integrated with other residents in the accommodation provided over two floors. A spacious lift facilitated movement between both floors. Residents' accommodation consisted of one twin and 54 single rooms. All bedrooms were fitted with en-suite toilet shower and wash basin facilities. Residents had access to a dining room and a spacious sitting room on each floor. A coffee dock with kitchenette and access to an enclosed garden was located off the ground floor sitting room and a sunroom was located off the sitting room on the first floor. An air-cooler was in place to ensure the comfort of residents resting in this area when weather temperatures increased. Two smaller sitting rooms were provided on the first floor for residents who wished to relax in a quieter area. A library room also off the sitting room on the ground floor was provided for residents' quiet relaxation on the ground floor. A spacious seated area was located in the reception area of the centre. A small oratory and a spacious hairdressing room were available on the ground floor. Wheelchair accessible communal toilets and shower/bathrooms were conveniently located throughout the centre.

The reception area was spacious and bright. The seating was comfortable and a vase of fresh flowers was placed on a coffee table among the seating. The reception area was staffed each weekday. The person in charge's office was also located off the reception area negating any cause during office hours to access residents' accommodation to contact key management staff. The circulating corridors were wide with handrails fitted in a contrasting colour to surrounding walls. Access doors to residents' bedrooms were wide and were also in a contrasting colour to walls which aided accessibility for residents with dementia or visual problems. Signage was placed on doors to key areas such as communal toilets and included picture cues. Floor covering throughout was bright, did not have any bold patterns and was matt-finished. Use of natural light was optimized in the reception area by use of large windows. The dining and sitting rooms were decorated in a traditional style with furnishings and memorabilia that was familiar to residents and promoted their comfort. An interesting variety of paintings, photographs and other artwork were on display on the walls along corridors and in the communal rooms. Use of full wall-height windows was also seen in residents' bedrooms. Some residents' bedrooms were also fitted with doors that facilitated their access to the gardens around the centre and residents were observed by inspectors to rest on the sheltered seating provided on either sides of the front entrance. Residents were encouraged to personalize their bedrooms with items of their own furniture and personal possessions if they wished. Some residents were provided with a small circular table for their use in their bedroom. All residents had a comfortable chair if they wished to relax in their bedrooms

An attractively landscaped, enclosed garden with pathways, shaded outdoor seating,

shrubby, flowers and small trees enabled residents with dementia to access a safe and secure outdoor area. This garden area was accessible from a number of areas within the centre which also had positive therapeutic value for residents with dementia.

Areas at the end of some corridors were closed off with half door for storage of equipment. This arrangement negated interference with natural light provided to the corridors from the windows in these areas. Residents had sufficient storage space in their bedrooms. The centre was well maintained to a good standard throughout. Some minor repairs to floor covering in one area were underway. Residents spoken with were happy and satisfied with the environment in the centre. Bedrooms were equipped with a locker, chest of drawers, a wardrobe, a chair, a television and a bed for each resident. The inspector observed that many residents personalized their bedrooms with personal possessions and small items of furniture from their home. Inspectors were told that residents were encouraged comfort.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Sonas Nursing Home Athlone
Centre ID:	OSV-0005422
Date of inspection:	29/05/2017
Date of response:	19/06/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Improvement to a behavior support care plan for one resident was needed to ensure it clearly informed the behavior experienced by the resident, the triggers to the behavior to inform prevention and the effective de-escalation intervention strategies staff should use if the behaviours occurred.

1. Action Required:

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

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Behaviour support care plan has now been updated. It identifies triggers to the behaviour and outlines preventative measures to take to prevent / minimise the behaviour.

Proposed Timescale:
Completed

Proposed Timescale: 19/06/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Staff training records indicated that 11 staff did not have up-to-date safeguarding training completed.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Elder abuse training has been planned for July. All training will be completed by the end of July

Proposed Timescale: 31/07/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Review was necessary of the contingency arrangements to ensure continuity of residents' group activities during planned and unplanned leave by either of the activity coordinators.

While records clearly indicated the activities each resident with dementia participated in,

improvement was needed in the information recorded in terms of their level of engagement to ensure their interests and capability needs were comprehensively met.

3. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

Care Delivery record's have now been reviewed and they indicate resident's engagement in activities.

Proposed Timescale:
Completed

Proposed Timescale: 19/06/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

A review of staffing role definitions and their allocation was necessary to ensure residents with dementia were appropriately supervised and continuity of their recreational activities was assured during the morning period in the communal rooms.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Starting time of the activity organiser have been changed.

Skill mix and allocation of staff have been reviewed to ensure appropriate supervision of residents.

Proposed Timescale:
Completed

Proposed Timescale: 19/06/2017

Theme:

Workforce

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

Staff training records indicated that eight staff did not have annual training completed in fire safety and four staff had not completed training in safe moving and handling procedures.

5. Action Required:

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

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

Manual handling training has been planned for 28th June

Fire Training has been planned for 29th June and 6th July

An up to date training matrix will be forwarded when all training is completed

Proposed Timescale: 06/07/2017