Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sonas Nursing Home Cloverhill
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Lisagallan, Cloverhill, Roscommon
Type of inspection:	Unannounced
Date of inspection:	20 July 2018
Centre ID:	OSV-0000384
Fieldwork ID:	MON-0022273

About the designated centre

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

Sonas Cloverhill is a 53 bed purpose-built facility combining care and a home environment for those no longer able to live alone. A full spectrum of individualised care is available for residents. Residents can avail of gardens, sitting rooms, TV lounge and activity room. It is situated in a rural area approximately two miles from Roscommon town. The centre's statement of purpose, states that Sonas Nursing Home offers long term care for residents with chronic illness, mental health illness including Dementia type illness and End of Life Care in conjunction with the local Palliative Care Team. The centre comprises three different care areas each with its own sitting and dining areas. The reception area has tea and coffee making facilities for people visiting the centre. Bedroom accommodation is made up of 29 single bedrooms (20 with en-suite toilet and shower facilities and nine with an en-suite toilets only. One of the single rooms has no en-suite facilities. There are 12 two-bedded rooms of which four have full en-suite facilities. One has an en-suite toilet only and seven have no en-suite facilities. The provider has plans to refurbish some bedrooms to provide additional en-suite facilities. There are enclosed accessible gardens available and ample parking is available.

The following information outlines some additional data on this centre.

Current registration end date:	04/05/2020
Number of residents on the date of inspection:	49

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
20 July 2018	10:30hrs to 18:30hrs	Marie Matthews	Lead

Views of people who use the service

The residents who spoke with the inspector were positive about their experience of living in the centre. They told the inspector that the staff were kind and patient and that they respected their choices and their privacy during personal care. Residents were positive about the food provided and said there were choices provided at every meal. They confirmed that drinks and snacks were always available. They told the inspector they felt safe. Residents said they were able to receive visitors freely. They told the inspector that the foyer provided a quiet space where they could meet people in private and could offer to make them a cup of tea or coffee.

Residents said they had a comfortable bed and their clothing was returned safely after laundering. They were positive about the health care provided and said that their doctor was called promptly if they were unwell.

Residents confirmed that they were able to go outside to one of the enclosed gardens when the weather was nice. Some commented that they would like more social activity and that the day could be long if there didn't have visitors.

Capacity and capability

The centre is part of a group of nursing homes run by a Board of Directors. One directors works as the operations and development manager and another as a coordinator with the group. The company employ a full time human resources manager and has a training and development unit to support the centre. The person in charge is an experienced nurse who works full time and she is supported in her role by two clinical nurse managers (CNMs). One staff member had recently been appointed as an acting clinical Nurse manager. She was interviewed during the inspection and demonstrated competence and capability in her role. Arrangements were made for one of the CNMs to deputises in the absence of the person in charge.

The inspector identified that a management review of the staffing levels and staff deployment was required to ensure the effective delivery of care in accordance with the statement of purpose. Residents' in one sitting room were observed to be unsupervised on several occasions during the inspection and there was only one staff member on duty after lunch in another sitting room where several residents required the assistance of two staff. Both of these sitting rooms mainly accommodated residents with dementia. Care in these areas was observed to be

task-led as a result of the staffing levels. In discussion with the staff members and through observation of care practices, the inspector found that several of the residents in these areas required the assistance of two people with the normal activities of daily life. Staff members said they had time to complete their jobs but didn't always have time to engage in a meaningful way with each resident.

The management systems also required review to ensure that the service provided was safe and appropriate for all of the residents and that this was consistent and effectively monitored.This is discussed further under the heading of Quality and Safety in respect of residents with responsive behaviours (how people with dementia may communicate or express pain or discomfort).

Most staff were observed to have a good knowledge of the residents care needs and both residents and relatives spoken with said the staff were kind, compassionate and respectful. Nurses and care assistants attended a handover meeting at the start of the morning and night-time shift to ensure effective communication about any changes in the residents' condition. The staff spoken with confirmed that they had completed an induction period when they started work and had completed regular refresher training in fire safety, safeguarding vulnerable adults and on safe moving and handling practices. A training matrix was available to help track when staff were due to complete training. Staff meetings were held regularly and minutes of these were available for review.

Residents felt they could raise issues and that management would addressed their complaints they had in a timely manner. Contact details for an advocacy groups were displayed in the centre and residents had access to an independent advocate who visited the centre regularly.

The complaints log indicated that complaints were investigated promptly and actions taken to address the areas of concern. Systems were in place to ensure that records required by the regulations were maintained but some improvements were identified in relation to ensuring records such as the complaints and accident forms were fully completed and that care plans were completed comprehensively.

Records required by Schedule 2,3 and 4 of the regulations were available. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector. Care records were completed and stored appropriately. The person in charge confirmed that all staff had suitable Garda Síochána (police) vetting in place.

Regulation 15: Staffing

The number and skill mix of staff required review to ensure that staff had sufficient time to meet the assessed needs of all residents and to ensure appropriate

supervision.

Judgment: Not compliant

Regulation 16: Training and staff development

Records reviewed by the inspector confirmed that staff had attended training in a range of clinical areas. Mandatory training was ongoing and all staff had completed training in fire safety, manual handling and safeguarding. Some staff had not received training in dementia care or in the management of behaviours that challenge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents in place did not record all the requirements set out in the regulations. The cause of death was not consistently recorded for residents who had deceased.

Judgment: Substantially compliant

Regulation 21: Records

Records were securely maintained and the residents' confidentially was respected but there were gaps in some documentation. For example the date of closure was missing on some complaint records forms, and the management sections of some accident and incident records were incomplete.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care that set out the services provided and listed the fees to be charged. Services which incurred an additional charge were

listed.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers working in the centre. The person in charge was aware of the her legal responsibilities to set out the roles and responsibilities in writing of any volunteers and complete garda vetting in accordance with the National Vetting Bureau Act.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a comprehensive log of all accidents and incidents that took place in the centre. HIQA was notified as required every quarter, and notifications were received within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had procedures for responding to and recording complaints. The complaints procedure was displayed in the main entrance. The residents spoken with said they that they felt complaints were acted upon and they could speak to any staff member if they had concerns.

Judgment: Compliant

Quality and safety

Visitors said they were made feel welcome in the centre and they were actively encouraged to come to the centre. There are no restrictions on visits unless requested by the resident. Residents could meet with their families privately and tea and coffee making facilities were provided for relatives.The centre was clean and there were appropriate infection prevention and control procedures in place.

The person in charge visited residents at home or in hospital prior to admission to assess their needs. Consent was obtained from residents for care provided and for photographs or restrictive practices. Each resident had an assessment completed of their health and social care needs on admission which considered clinical risks such as weight loss, pressure wounds and the risk of sustaining a fall. There was evidence that residents and their families were consulted and involved in developing care plans to meet their needs and their preferences.

Residents were able to retain their own General Practitioner (GP) or chose to from one of the other GPs who attended the centre. A physiotherapist was employed by the provider to help promote mobility and this staff member completed mobility and manual handling assessments. There was evidence of regular input by specialist support services such as a dietitian, speech and language therapist, optometry, chiropody and audiology.

There are arrangements in place for the identification, reporting, recording, investigation and learning from serious incidents, adverse events and near misses. Residents at risk of falling were identified and interventions such as low entry beds, sensor alarms and crash mats were put in place to help reduce the risk of a fall. A summary of all of each residents care needs was found at the front of their care plan which summarises their care needs and identified clinical risks.

Wound care was evidenced based. The inspector reviewed the care records of a resident who had pressure wounds prior to admission. There was evidence of regular dressing changes and the wound progress was tracked and the wound care plan indicated the wound had healed.

The assessments and care plans for residents with responsive behaviours were not comprehensive to appropriately and effectively manage these behaviours

The person in charge said the local Psychiatry of Later Life team were very supportive and regularly reviewed residents and this was evident on the care plans reviewed. Several staff members had not completed training in the management of responsive behaviours. Inconsistencies were identified in relation to the development of positive behaviour support plans to help identify the triggers that might cause an escalation in behaviour and provide proactive and reactive strategies to help respond and reduce the residents' anxieties. While some staff members demonstrated good knowledge of de-escalation techniques, the inspector observed an escalation in one resident's behaviour during the inspection where there was a poor response by the staff member present and a poor awareness of the appropriate management of behaviours. Records of escalations were not routinely recorded to identify the triggers that might prompt escalations.

An in house staff training unit provided training for staff on safeguarding and regular refresher training was provided for all manditory areas. The inspector spoke with the person in charge, the CNM and with nursing and care staff who described a zero tolerance approach to any safeguarding issues and all staff members spoken with were clear on the reporting arrangements. A safeguarding policy and procedures was in place and recruitment processes included that garda vetting was obtained before a staff member commenced work and references were verified by the person in charge. The provider representative and person in charge confirmed that they do not act as a pension agent for any residents. Any valuables and/or money kept by the centre were securely maintained in line with best practice .

Seventeen residents had bedrails in place. Most of these were described as enablers and were used at the request of the resident to help them reposition or to help them feel safe in bed. The inspector saw that the rationale for using the bedrail was documented in a care plan. Where a bedrail was used as a restraint it was a clinical judgment in the best interest of a resident which took place following a risk assessment and consent was obtained.

There were appropriate arrangements in place for the prevention and containment of fire. Suitable fire fighting equipment was provided including extinguishers, fire doors, emergency lighting and alarm equipment and records confirmed these were checked and serviced regularly. Each resident had a personal emergency evacuation record completed which described the assistance the required in the event of an emergency evacuation and regular fire evacuation drills were completed to test the fire procedures and to ensure that residents could be safely evacuated.

The centre was secure. Visitors completed a visitors log and each resident had a profile completed in the event of an unexplained absence of any resident. There was no missing person drills completed however to ensure staff could respond effectively to such an occurance.

Regulation 11: Visits

The inspector saw visitors coming and going during the inspection. There were quite areas available where residents could meet with visitors in private including a foyer at the entrance where family members could help themselves to tea and coffee.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to secure storage for valuables and money and there was adequate space provided to store their clothing and other personal possessions. All clothing reviewed was labelled to ensure that items were not mislaid.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

When a resident required hospital treatment the inspector saw that a comprehensive written summary of their care needs and clinical risks accompanied them to the hospital. A staff member accompanied the resident if a family member was not available.

Judgment: Compliant

Regulation 26: Risk management

Risk management procedures were in place to control risk, including the risks of abuse; unexplained absence of any person using the service; accidental injury to a person using the service, staff or visitor; aggression and violence; and self-harm. There was a trip hazard identified by a raised door saddle on two doors leading to the enclosed garden. Whilst a missing person profile was completed for each resident, there was no evidence that a missing persons drill was completed to ensure the procedures in place were effective.

Judgment: Substantially compliant

Regulation 27: Infection control

All staff had completed training on the implementation of best practice to ensure good infection prevention and control . The centre was found to be clean and there was a good standard of general hygiene in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate precautions in place against the risk of fire and suitable fire fighting equipment, fire alarms and fire evacuation procedures were in place. All staff completed yearly refresher training in fire safety .

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The assessment completed for one resident reviewed was not comprehensive and did not reflect their health, personal and social care needs

Judgment: Not compliant

Regulation 6: Health care

Care practices observed in relation to some residents with dementia did not reflect the individualised health, personal or social care assessed needs of the person.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The assessments and care plans for people with responsive behaviours were not comprehensive to appropriately and effectively manage these behaviours. Staff members did not have up-to-date knowledge and skills appropriate to their role to respond to and manage responsive behaviours.

Judgment: Not compliant

Regulation 8: Protection

There were measures in place to protect residents from suffering harm or abuse.

Staff interviewed had an understanding of safeguarding and preventing elder abuse and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sonas Nursing Home Cloverhill OSV-0000384

Inspection ID: MON-0022273

Date of inspection: 20/07/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff break times have been altered to accommodate residents that require added time to complete lunch, nursing staff also allocated to assist during meal times. All areas have the required supervision in place. Staff have been instructed that if any event delays the normal routine: such as prolonged discussion with relative, urgent care of a resident , interview with EHO or Hiqa inspector, then management to be informed immediately & staff will be deployed to assist	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff have completed safeguarding, infection control, GDPR and restrictive practice on 5/7/18, 6/7/18, & 14/8/18 with the remainder to be completed on 17/9/18 Education workshop in Person centered care and responsive behavior has taken place on 9th Aug, and other sessions scheduled for 5th and 12th Sept and 10th Oct which will ensure that all staff has received training in this area. Going forward there will be two planned sessions per year of each type of training alluded to above to capture refreshers & training for new staff The results of this training will be monitored daily and by completing regular Quiz audits	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Directory of residents has been updated to include all information as set out in paragraph 3 of schedule 3 Going forward information will be inserted as it becomes available	

Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Date of closure on all complaint record forms has been completed and will be inserted in a timely manner going forward; Staff has been instructed in the process involved. Management sections of Adverse incident records has been completed and they will be completed weekly going forward	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Door saddle on door to enclosed garden has been rectified to reduce trip hazard Missing person drills has taken place for existing staff. They will form part of staff induction and on fire evacuation training going forward.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All Resident Assessments were reviewed by the care team including GP & Pharmacist to ensure they reflected the health, personal and social care needs. Care plans will be reviewed as resident health status changes. On admission Comprehensive assessments will be conducted to capture the health, personal and social care needs and will be reviewed at a minimum of four monthly or sooner if residents needs change Management team are supervising the implementation of care plans on a daily basis.	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: All assessments & care plans for residents with dementia were reviewed by the care team. Care plans were updated to reflect the needs of residents. Care planning education with specific emphasis on care planning for responsive behaviours & dementia has been scheduled for 26th September 2018	

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The care team reviewed and updated all care plans. Additions to the care plan included triggers to avoid and actions to be taken if responsive behaviours occur. Management are supervising the implementation of the care plan on a daily basis. We have arranged for all staff to attend an education workshop on managing responsive behaviours.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	15/8/18
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/10/18
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/9/18
Regulation 21(1)	The registered provider shall ensure that the records set out in	Substantially Compliant	Yellow	30/9/18

	Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	30/10/18
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	30/9/18
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	30/9/18
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health	Not Compliant	Orange	30/8/18

	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 a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/8/18
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/9/18
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide	Not Compliant	Orange	30/10/18

	appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	30/10/18
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/10/18