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Sonas Nursing Home Melview, OSV-0000250, 10 April 2018

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Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sonas Nursing Home Melview
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Prior Park, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 April 2018
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0023802

About the designated centre

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

Sonas Nursing Home, Melview is a four-storey facility located within the urban setting of Clonmel town. The centre is registered for 44 residents. There are two lifts on either side of the house to enable easy access to the four floors. Bedrooms comprise single, single en suite, double, double en suite and three-bedded rooms. There are day rooms on each floor, a dining room on the ground floor and a lounge area on the middle floor. Residents have access to gardens and walkways around the centre. Sonas Nursing Home, Melview provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), those with a physical disability, mental health diagnoses and people who are under 65 whose care needs can be met by Sonas Nursing Home, Melview. Long-term care, convalescent care, respite and palliative care is provided to those who meet the criteria for admission. Maximum, high, medium and low dependency residents can be accommodated in the home.

The following information outlines some additional data on this centre.

Current registration end date:	24/01/2019
Number of residents on the date of inspection:	39

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
10 April 2018	09:30hrs to 16:00hrs	Breeda Desmond	Lead

Views of people who use the service

The inspector spoke with a number of residents. Residents were happy with the care and attention they received. They spoke very highly of staff and their friendliness towards them. Residents stated that meals and mealtimes suited them and the food was lovely. Residents reported that they had access to facilities and activities both in the centre and in the community. They outlined that issues were usually dealt with before they became a problem and they would speak with the person in charge if they had a concern.

Capacity and capability

This was an unannounced inspection undertaken following receipt of information relating to the management, staffing and the induction programme for new staff, wound management, medication management, infection prevention and control. With the exception of infection prevention and control, all the other issues raised in the information were unsubstantiated. Overall, the inspector found a good standard of care, with many improvements demonstrated regarding oversight and sustained quality improvement initiatives.

There was evidence of effective governance arrangements to enable positive outcomes for residents. Deputising arrangements were in place for the person in charge whereby the clinical nurse manager was responsible for the service when necessary. The person in charge outlined that a second clinical nurse manager was to be appointed to support the management structure.

Residents' feedback detailed adequate staffing and the inspector observed care and support given to residents was relaxed, unhurried and appropriate to the needs of residents. Residents reported that they had access to lots of activities in accordance with their preferences, both within the centre and in the wider community, that enhanced their quality of life.

Residents were familiar with the person in charge and staff, and good banter between residents and staff was observed which created a friendly atmosphere. Staff spoken with demonstrated a holistic knowledge of residents in their care and this was observed in practice by the inspector. Residents spoke openly and freely with staff, asking their advice, discussing the events of the day and such topics, all of which demonstrated a culture of trust and respect.

The staff induction programme was reviewed by the inspector and discussed with the person in charge. This programme was comprehensive and was tailored to the

role and responsibility of the each new staff member.

Records relating to medications, controlled drugs, medication errors and near misses reviewed showed good oversight of medication management. Audits showed a significant reduction in the number of near misses following information sessions with staff to enable learning. Wound management documentation was reviewed and found to be comprehensive which enabled early responses and good outcomes for residents. A sample of residents' assessments and care plans were examined. These were comprehensive and showed timely assessments and reviews of care and the resident's response to treatments and interventions.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the appropriate qualifications and experience to the role and responsibilities of person in charge. He was engaged in the governance, operational management and administration of the centre. He was knowledgeable regarding his responsibilities under the regulations, including staff induction and training.

Judgment: Compliant

Regulation 15: Staffing

The staff rosters showed that there were adequate staff to meet the assessed needs of residents. Residents gave positive feedback regarding care, attention and timely responses to call-bells. The duty roster was discussed with the person in charge who outlined that the staff levels were constantly reviewed cognisant of the changing needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were suitable arrangements in place to support new staff develop the knowledge and skill required to provide appropriate, safe care and support to residents. An induction workbook was given to new staff which included a list of policies, procedures and guidance to read and sign-off as understood. This was enhanced with structured training for topics such as fire safety and protection for example. New staff worked with experienced staff members for the two-week induction programme and there was a mentoring programme in place to further

support staff following induction.

Judgment: Compliant

Regulation 21: Records

Good oversight of records to be maintained such as medications, controlled drugs, wound management, assessments and care plans was demonstrated. Residents had timely assessments and all care staff had responsibility for maintaining documentation relevant to their role. Records showed that care was discussed and agreed with residents and the inspector observed this throughout the inspection.

Judgment: Compliant

Quality and safety

Regulations reviewed under Quality and safety during this inspection included premises and infection control.

The centre was being repainted at the time of inspection and there was a schedule of works for this. Many of the bedrooms were refurbished to a high standard and bedrooms were decorated in accordance with residents' preferences. However many of the bedrooms were multi-occupancy and due to the layout of some of these bedrooms, residents' privacy, dignity and wellbeing could not be assured.

The unsolicited information received highlighted concerns relating to infection control. The findings on this inspection substantiated the concerns raised. The layout and limited storage space in one sluice room did not support best practice in protecting residents from the risk of cross infection.

Regulation 17: Premises

Several of the bedrooms accommodated three residents. While these bedrooms were large, the private personal space afforded to some individuals comprised solely of their bed and bedside locker, due to the positioning of the privacy screens. This limited their personal space significantly to accommodate their personal possessions. Bedside chairs could not be accommodated within the residents' personal space

which impacted their privacy.

Judgment: Not compliant

Regulation 27: Infection control

Infection prevention guidelines were not implemented consistently to minimise risk, for example, urinals were stored in plastic containers in some en-suite bathrooms; the layout of one sluice room did not minimise risk; there were no storage racks for urinals or bedpans in line with best practice guidance.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant

Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0023802

Date of inspection: 10/04/2018

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises In consultation with the residents, the privacy curtains have now been rearranged so that the residents have enhanced personal space. The furniture in the bedrooms has also been rearranged and the overall layout of the large three bedded bedrooms has been enhanced.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Staff have been informed not to store urinals on the ensuite floors and this is monitored daily by the nursing staff and the PIC. Drainage racks have been fitted to the sluice room to facilitate safe storage and drainage. The hand washing area in the sluice room has been moved. Hand washing sink signs are now placed in all relevant areas.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	22/4/18
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	23/4/18