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Sonas Nursing Home Athlone, OSV-0005422, 30 July 2018

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Sonas Nursing Home Athlone, OSV-0005422, 30 July 2018', [report], Health Information and Quality Authority, 2018-10-03, Older People Inspection Report, Nursing Homes, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-06-11 19:58:50
Link to Item	https://hdl.handle.net/20.500.14765/88530



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Sonas Nursing Home Athlone
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Cloghanboy, Athlone, Westmeath
Type of inspection:	Announced
Date of inspection:	30 July 2018
Centre ID:	OSV-0005422
Fieldwork ID:	MON-0022870

About the designated centre

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

Sonas Nursing Home is a purpose-built facility registered to provide residential care to 56 residents, both male and female, over the age of 18 years. It provides care on a long term, respite and convalescent care basis.

The centre provides care to residents with chronic illness, mental health illness including dementia type illness and those requiring end of life care. Residents are accommodated over two floors. There are 56 single and one twin bedroom all with an en-suite bathroom facility. This modern building has a secure inner courtyard and landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home.

Sonas Nursing Home is situated on the outskirts of Athlone town.

The following information outlines some additional data on this centre.

Current registration end date:	06/10/2019
Number of residents on the date of inspection:	53

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
30 July 2018	09:30hrs to 17:00hrs	Sheila McKeivitt	Lead

Views of people who use the service

The inspection took place over one day. The inspector met and spoke with residents throughout the inspection in various locations of the centre, including in communal areas and in individual rooms. The feedback was generally positive about the standard of care provided. Residents commented that staff were kind, helpful and excellent in meeting their needs. Residents spoke positively about the choice of food offered to them, variety of activities available to them including external trips.

Capacity and capability

The registered provider had made an application to register two additional bedrooms following an increase in the foot print of the centre. The findings of this inspection were that the registered provider ensured that an effective and safe service was provided to residents.

This was a well managed centre. The registered provider had recently employed a quality and governance manager to further strengthened the management team. There were some systems and processes in place to ensure oversight of the quality of care and services provided to residents. Although, it was not clear how the data gathered was being used to improve the quality of care and services delivered to residents. These systems required further development to ensure that learning and areas for improvement identified were proactively addressed to effect an improvement in the quality of life for residents.

Residents were actively involved in the management of the service. Their feedback was sought in relation to the standard of care, the choice and quality of food and the standard of activities provided to them. In addition they had monthly resident meetings. Their views were also sought for the annual report of the quality and safety of care delivered to them. Although, it was not evident how or if the issues residents' raised were being addressed. The annual report of the quality and safety of care would be further enhanced with the inclusion of an improvement plan.

Staffing numbers and skill-mix was appropriate to meet residents' needs. There were no plans to increase the staffing levels although the bed capacity was being increased by two. The inspector was informed that staffing levels were reviewed weekly to ensure that residents needs were always met. Residents were protected by good recruitment and vetting disclosure procedures. Actions had been taken since the last inspection to address training gaps with all staff now trained in fire-safety, manual and people handling and safeguarding residents from abuse.

An activities co-ordinator now facilitated activities for residents. Feedback from residents was positive about the range of activities provided which suited male and female residents. Activities were provided to meet the needs of residents with dementia and those who preferred to spend time in their bedroom.

Registration Regulation 4: Application for registration or renewal of registration

An application for registration of 58 beds was made. It was complete.

Judgment: Compliant

Regulation 14: Persons in charge

A full-time person in charge is employed in the centre, with the required skills and experience as outlined in the regulation.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mix were adequate to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received training appropriate to their role and the needs of the residents. All staff now had mandatory training in place.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance and management arrangements in place to ensure the centre was providing the service described in the statement of purpose. The

systems in place to monitor the quality of the service being delivered required further development. An annual review document submitted for review set out the performance of the centre in consultation of residents but there was no evidence of an improvement plan for 2018.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated in 2018. It was on display in the centre and It set out the service to be provided and arrangement for admissions to the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents had been reported as per regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in schedule 5 were available for review. They had all been updated in January 2018

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance in place met the legislative requirement.

Judgment: Compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality and safety of care provided was to a high standard. Some improvements were required to care plan and assessment reviews and the frequency of emergency lighting servicing.

The premises was homely, clean, tidy and well maintained. There was a choice of communal rooms for residents. Residents were facilitated to personalise their bedrooms. All bedrooms had an ensuite facility which included a shower, toilet and wash-hand basin.

Residents' health and well being was supported by good access to allied health care services, an engaging environment and a social care programme which was interesting and met the needs of both male and female residents. Staff were observed prompting residents to exercise and walk along the corridors supporting themselves on the hand rails provided. Residents were observed sitting in different areas of the centre including the open seating area at reception.

Staff knew the residents well. Residents had been assessed using validated assessment tools on admission and had care plans in place to reflect each need identified on assessment. Behavioural support care plans reflected individualised care was being provided to these residents. It was noted that some care plans were not always updated to reflect recommended changes made by members of the allied health care team. Residents' medications were reviewed by their general practitioner (GP) and pharmacist on a four-monthly basis.

Residents' nutritional needs were met. They could choose where they dined and what they had to eat. Residents' independence was promoted by the provision of assistive cutlery and crockery. The food served appeared wholesome and nutritious with quantities to meet the needs and dietary requirements of the resident.

Residents rights were protected in a holistic inclusive manner.

Regulation 17: Premises

The premises met the needs of residents. It was homely, clean and tidy. The increase in footprint had allowed for the development of new changing and rest facilities for staff, expansion of communal space upstairs for residents and the addition of new ensuite bedrooms. This increased bed availability by 2 as reflected in the application to register 58 beds.

Judgment: Compliant

Regulation 20: Information for residents

A guide was available to residents. The copy reviewed on inspection contained all the required information for residents.

Judgment: Compliant

Regulation 27: Infection control

The procedures and practices observed reflected good infection control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the fire systems. The support needs of each resident in the event of a fire were recorded. Staff had attended training and had participated in practice drills to evacuate residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care records showed that pre-admission and admission assessments were completed, care plans were reflective of the residents assessed needs. Improvements were required to ensure all assessments were reviewed on a four monthly basis and to ensure care plans were updated following assessment by allied health care professionals.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a low use of restraint in the centre. Behaviours associated with dementia

were assessed and good practices were described by staff in the management of these behaviours. Care plans for residents with behaviours that may challenge outlined individualised triggers, diversion therapies and further treatment available if required.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to ensure residents were protected from abuse and were safe in the centre. Training was provided to staff to guide them in recognising and responding to actual, alleged or suspected incidents of abuse. Staff spoken with knew their responsibilities in relation to ensuring residents were safe and protected.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected. They had opportunity to participate in a wide range of activities. Their privacy was respected and maintained. They had access to an advocacy service, their religious needs were met and they had access to television, radio, telephone and daily newspapers.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 22: Insurance	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Athlone OSV-0005422

Inspection ID: MON-0022870

Date of inspection: 30/07/2018

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The complete audit cycle, meeting schedule, and continuous improvement cycle is currently being enhanced. This years annual review will focus on both the review of the service and the development of an improvement plan with SMART goals.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The Care Plan is evaluated on a four-monthly basis (or more frequently if required), in consultation with the resident or resident's representative. The plan is updated to reflect changing needs.</p> <p>A computerized system for care planning is currently being explored and this should facilitate timely oversight of each residents care plan.</p> <p>In the interim an audit of the care plans will be undertaken and if updates are required then they shall be made.</p>	

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/01/2019
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	31/08/2018