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## Sonas Nursing Home Cloverhill, Lisagallan, Cloverhill, Roscommon

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sonas Nursing Home Cloverhill
<b>Centre ID:</b>	OSV-0000384
<b>Centre address:</b>	Lisagallan, Cloverhill, Roscommon.
<b>Telephone number:</b>	090 662 8882
<b>Email address:</b>	cloverhill@sonas.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sonas Nursing Home Management Co Limited
<b>Provider Nominee:</b>	John Mangan
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	48
<b>Number of vacancies on the date of inspection:</b>	5

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 06 March 2017 08:50 To: 06 March 2017 19:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

In applying to renew registration of the centre the provider has applied to accommodate a maximum of 53 residents who need long-term care, or who have respite, convalescent or palliative care needs. This is the same level of occupancy

which the centre is currently registered to accommodate.

The inspector observed practices, the governance system, clinical and operational procedures and records required by regulation to inform decision making on this registration renewal application inspection. The provider, person in charge and those as participating in management were knowledgeable of the regulatory requirements. They were committed to providing person centred, evidence-based care for the residents.

Questionnaires from residents and relatives were received and the inspector spoke with residents during the inspection. The collective feedback from residents was complimentary of the service and standard of care provided. The actions identified in the report from the last inspection were satisfactorily completed with one exception. Work remains outstanding to connect seventeen doors to the fire alarm.

At the time of this inspection there were 43 residents in the centre. Five residents were in hospital and there were five vacancies. There were appropriate levels of staffing at the time of inspection for the number of residents accommodated.

Residents' healthcare needs were met with referrals to medical and allied health professionals. Residents had required access to GP services and out-of-hours medical cover was provided. Residents had access to allied health professionals to include speech and language therapy and a dietician. The provider employs a physiotherapist. Practices were satisfactory to ensure each resident was adequately protected by the medicines management procedures.

The building was well maintained, warm and comfortably decorated. Bedrooms accommodation comprises of 29 single and twelve twin bedrooms. There was a sufficient equipment to meet the needs of residents. There was a contract in place to ensure all equipment used by residents was functioning safely.

Monitoring of residents' food intake and fluid balance were completed when required. Each resident had a nutritional care plan. There was sufficient staff available to offer assistance to residents who required help with their meals and this was provided in a discreet manner.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

The statement of purpose was revised in 2017. The inspection evidenced the service provided was reflective and as described within the statement of purpose.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent.

There was a clearly defined management structure that identifies the lines of authority and accountability. The governance arrangements specify roles and detail responsibilities for each area of the service.

The board of directors comprises of five directors, three executive and two non executive directors. The provider met with the inspector during the inspection and demonstrated knowledge of the legislation and of his statutory responsibilities. The governance is supported by a director having the position of operations and development manager. The company have recruited a human resources manager.

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was a defined management structure in place with which staff were familiar. The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. There was an organisational structure in place to support the person in charge. There is a clinical nurse manager rostered each day to support nursing staff and report to the person in charge.

There is a reporting system in place to demonstrate and communicate the service is effectively monitored between the person in charge and the service provider. There are regular governance meetings with the board of directors and between the person in charge and the clinical nurse managers.

There were systems in place to capture statistical information in order to review the quality of care and identify trends for areas of improvement. A schedule of audits is planned for 2017. An audit of restraint management practices (use of bedrails) and the medicines management system had been completed.

An annual report on the quality and safety of care was compiled with copies made available to the residents or their representative for their information as required by the regulations.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the complaints procedure and referenced the availability of recent inspection report by HIQA.

All residents had an agreed contract of care the service provider. The contracts detailed the care services and facilities which are provided to residents and the fees payable. Items not covered by the overall fee which would incur additional charges were identified for example hairdressing, escort to appointments and social programs

All contracts did not have the total fee and the amount payable by the resident identified in schedule 1 part 3 of the contract in each of the sample examined. In accordance with the amendment to the regulation in June 2016 the contracts did not explicitly identify if the bedroom in which the resident was to be accommodated was single occupancy or twin occupancy.

**Judgment:**

Substantially Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She had good knowledge of residents physical and psychosocial care needs. She could describe how staff ensured resident's needs were met appropriately. During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents.

She is supported in her role by two clinical nurse managers and a team of, nurses, care assistants, administration, maintenance, kitchen and housekeeping staff. Staff confirmed that good communications exist within the staff team. Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA.

The person in charge has maintained her professional development and attended mandatory training required by the regulations.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored maintained in a secure manner. Samples of records were reviewed by the inspectors. These included records relating to fire safety, staff recruitment and residents' care. Records required by the regulations viewed included;

The centre's insurance which covered against accidents or injury to residents, staff and visitors.

The directory of residents included all the information specified in Schedule 3. The details of the most recent transfer of a resident to hospital and death were updated in the directory.

Incidents falls and accidents, physical restraint management (the use of bedrails of restraint.

Money or other valuables deposited by residents for safekeeping.

Correspondence to or from the designated centre relating to each resident.

Staff employed at the centre, including the current registration details of nursing staff, staff training and roster.

Records of visitors to the centre.

The certificate of registration was displayed prominently as required by the regulations.

The complaints policy was displayed and a comments box was provided in the foyer to elicit views on the service provided.

The records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

**Judgment:**  
Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

There are two senior managers notified to the HIQA to deputise in the absence of the person in charge. The inspector met with both managers on the day of inspection. A review of staff files evidenced engagement of continuous professional development. Mandatory training required by the regulations and ongoing professional development and engagement in education was evident. Both were knowledgeable of the regulations and their statutory responsibilities.

**Judgment:**  
Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

During conversations with the inspector residents confirmed that they were well looked after and they felt safe. Questionnaires completed by residents confirmed they were happy. While some expressed a wish to be able to live at home they confirmed they were content with the care provided and the centre was the next best option. Residents spoken with stated "the food is lovely", "something different on the menu each day", "I am well looked after and the doctor calls". Access to the centre was secured with a coded key pad.

A petty cash system was in place to manage small amounts of personal money for residents. Resident's finances were securely maintained in a locked safe. A ledger of lodgement and withdrawals to each resident's account was maintained. These entries were countersigned with copies of receipts. The provider was not an agent to manage pensions on behalf of any resident.

There was a policy and procedure on safeguarding vulnerable adults. Staff were trained in the protection of vulnerable adults. Training sessions were scheduled to refresh those for whom the two-year cycle was coming to an end, or new staff who had received training on induction. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA had been reported since the last inspection.

Staff training, supervisions and appraisals were completed. The person in charge is a qualified trainer in adult protection. Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed that residents were treated well with safety and support provided appropriately.

There is a policy on the management of responsive behaviour. The majority of staff had received training in responsive behaviours. This was an area identified for improvement in the action plan of the previous inspection. Additional staff completed training in responsive behaviours in December 2016.

There was good access to the psychiatry team. The community mental health nurse visits the centre routinely to review residents and is available to nursing staff via the phone to discuss any concerns. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

There was a policy on restraint management (the use of bedrails and lap belts) in place. Since the last inspection the restraint risk assessment tool has been reviewed to take cognisance of a broader range of issues including risks from responsive behaviour, intermittent confusion and medical conditions. This was required by the action plan of the previous inspection report.

This inspection evidenced care plans for residents with bedrails are reviewed and describe whether the raised bedrail is an enabler or restraint measure. The rationale for the use of bed rails was outlined. The enabling function of bedrails was documented in care plans reviewed. Alternatives trialled and duration of the trial were documented. There were 13 residents with bedrail raise at the time of this inspection.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. An up to date health and safety statement and risk register was available.

The fire records confirmed regular testing and servicing of the fire panel, exit routes and doors, emergency lighting and fire fighting equipment by both staff and external companies.

There was an annual program of refresher training in fire safety in place. The centre had conducted two fire drills in 2017 involving staff. The procedures to record fire drills were documented as required by the action plan of the last inspection.

Each resident had a personal emergency egress plan developed. These outlined the method of evacuation and type of equipment required to assist each resident evacuate the building safely. However, the evacuation needs of each resident were not collated in a fire register aligned to each of the fire zones for ease of reference in the event of an emergency.

A number of bedroom doors are not connected to the fire alarm as identified on the previous inspection. Some work has been undertaken to connect bedroom doors to the alarm system. However, the work was not completed on all doors at the time of this inspection. Seventeen doors required connecting to the fire alarm.

There was an emergency plan for responding to events such as fire, gas leak or power outage. Arrangements were outlined for transport and accommodation should returning to the centre not be a viable option after an evacuation.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. There were a sufficient number of cleaning staff rostered each day of the week. The inspectors spoke with cleaning staff who explained the cleaning procedures. There was a colour coded cleaning system to minimise the risk of cross contamination. Separate cleaning equipment was available to clean bedrooms in the event of an infection occurring.

Policies for infection control and prevention, absconding, incident reporting, smoking and fire safety with supporting protocols were also available and implemented in practice. There were policies and procedures in place for responding to major incidents to include serious disruption to essential services or the emergency evacuation of the centre if deemed necessary.

There was an emergency plan for responding to events such as fire, gas leak or power outage. Arrangements were outlined for transport and accommodation should returning to the centre not be a viable option after an evacuation.

On the previous inspection incident reports were not completed to document all events or accidents of a minor nature. Cross referencing residents' care files and the accidents reporting book on this inspection confirmed documenting of events. The report form had the facility to outline details of post falls reviews to identify any contributing issues to mitigate the risk of repeat falls.

There was sufficient moving and handling equipment available to staff to meet residents' needs. There is a physiotherapist available to review all residents and complete moving and handling risk assessments. Each resident's moving and handling needs were identified in plans of care. These were available to care staff to review. The type of hoist and sling size required was specified in risk assessments.

**Judgment:**  
Substantially Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Policies and procedures were in place to guide staff in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines. Practices were satisfactory to ensure each resident was adequately protected by all medication management procedures.

There were no residents self medicating at the time of this visit. Medication was dispensed from blister packs. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all medication orders were correct for each resident.

The prescription sheets reviewed were legible. Regular medication, prn medicines (a medicine only taken as the need arises) and short-term medication were identified separately on the prescription sheets. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. The maximum amount for prn medicine was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the medicine and time of administration. The medicines were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medicines were being stored safely and securely in the clinic room which was secured. Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

**Judgment:**  
Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify HIQA of notifiable incidents within three days.

Quarterly notifications had been submitted to HIQA as required.

**Judgment:**  
Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.***

*The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

There were 49 residents in the centre during the inspection. The majority of the residents were residing in the centre for long term care and a small number were accommodated for a period of respite or convalescent care.

There were 20 residents with maximum care needs. Twelve residents were assessed as highly dependent and 11 had medium dependency care needs. Six residents were considered as low dependency. Eighteen of the residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's disease.

On admission a comprehensive assessment of needs was completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised.

These assessments were generally repeated on a four-monthly basis or sooner if there was a change in a residents condition. Care plans were developed based on the assessments.

Residents admitted for short term care had a discharge care plan completed to guide staff in their rehabilitative goals and ensure a safe discharge. Nursing staff demonstrated an in-depth knowledge of the residents and their physical care needs. Nursing notes were completed on a twice daily basis and provided a detailed clinical record of each resident's health, condition and treatment given. When an acute health problem was being managed the daily nursing notes described well the interventions, the residents' progress and response to treatment.

Care plans for psychological signs and symptoms of dementia (BPSD) and psychosocial care needs require development. The full extent of some of the issues being managed was not described well for residents with complex mental health problems or poor cognitive functioning. One resident by way of example was reviewed by the GP twice within a short time frame and a subsequent review was undertaken by the psychiatry team for agitation, being unsettled at night. The multi disciplinary plan of care summary sheet identified the resident had dementia. However, sufficient interventions to outline

the extent of the problem being managed were not detailed within a suitable care plan.

Care plans for residents with dementia did not outline information to detail the level of confusion or cognitive impairment, how it impacts on daily life and details such as who the resident still recognises or what activities could still be undertaken.

Residents had required access to GP services and out-of-hours medical cover was provided. Residents had timely access to allied health professionals to include speech and language therapy and a dietician. The provider employs a physiotherapist who attends the centre three days one day and two days the alternate week. The physiotherapist is available to review all residents and undertakes individual and group exercise to promote mobility, improve respiratory function and develops passive exercise regimes for more frail residents.

Residents identified at risk of developing pressure wounds had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions to protect skin integrity. There was one resident with a vascular wound at the time of this inspection. The wound was healed at the time of this inspection. Access to a vascular clinic was facilitated.

**Judgment:**

Substantially Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the regulations.

The building was well maintained, warm and comfortably decorated. The design ensured good natural daylight was available in all bedrooms and communal areas. There is a choice of spacious sitting rooms available for use by residents. The 'Emlagh' and 'Cams' sitting rooms are smaller in design and mainly accommodate residents with a diagnosis

of dementia.

The dining rooms is suitable in size to meet residents' needs and is located off the kitchen. There are facilities for visitors to make their own refreshments and a quiet seating area away from the care environment for residents and relatives to spend time during visits.

Bedrooms accommodation comprises of 29 single and twelve twin bedrooms. Bedrooms are adequate in size and equipped to meet the comfort and privacy needs of residents. Grab-rails were provided alongside all bathroom facilities. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach in bedrooms.

Suitable staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff in the interest of infection control. Suitable storage arrangements were available throughout the building.

There was a sufficient number of hoists, commodes, shower chairs, and other equipment to meet the needs of residents. There was a contract in place to ensure all equipment used by residents was functioning safely.

There was an enclosed external garden provided with seating available for use by residents.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

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

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

No actions were required from the previous inspection.

**Findings:**

A complaints policy was available in the main lobby. A copy of the complaints procedure was included in the residents' guide. A comments box and paper slips to write comments were provided for residents and relatives to provide feedback on the service provided.

An individual was nominated to whom all complaints could be made. A record of all complaints was maintained. No complaints were being investigated at the time of this inspection.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

**Judgment:**  
Compliant

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

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

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

No actions were required from the previous inspection.

**Findings:**

The inspector viewed the end of life policy. Discussions with the nursing team evidenced that end-of- life care was person centred and respected the values and preferences of individual residents. Staff described the policy and protocols in place for the end of life care.

There were no residents under the care of the palliative team at the time of this inspection. The nurse management team confirmed community palliative care offers guidance as required in respect of appropriate management of illness. The policy of the centre is all residents are for resuscitation unless documented otherwise.

Resident's end-of-life care preferences or wishes are identified and documented in their care plans.

**Judgment:**  
Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

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

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Each resident was provided with fresh food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis. Kitchen staff were provided with an up to date list of each resident's dietary requirements.

Monitoring of residents' food intake and fluid balance were completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by the GP and administered accordingly.

The inspector observed practices and saw that staff were using appropriate techniques when assisting residents with their meals. Meals were an unhurried social experience with appropriate numbers of staff available to support residents. The majority of residents attended the dining room for both their dinner and evening meal.

The food provided was appropriately presented and sufficient in quantity for each resident. Residents who required their meal in altered consistencies had the same choices as other residents. In addition these were served attractively. Snacks and drinks were readily available. Residents spoken with were highly complimentary of the food.

Each resident had a nutritional care plan. There was evidence that the recording of a weight loss or gain prompted an intervention if a risk was identified. Access to dietician and a speech and language therapist was available when required to obtain specialist advice to guide care practice.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Staff were aware of the different communication needs of residents and were able to meet their diverse needs. Staff were seen engaging with residents respectfully and appropriately.

Residents' privacy was respected and the inspector observed staff knock on doors before entering residents' bedrooms. Personal hygiene and grooming were well attended to by care staff.

Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre's management team.

Residents had access to a variety of national and local newspapers and magazines. These were located in easily accessible areas and available to residents daily.

A residents' forum was in place. The meetings were facilitated by the clinical nurse manager who provided feedback to the person in charge.

Residents could practice their religious beliefs. There is an oratory available for use. There was a visitor's room to allow residents meet with visitors in private.

A social care assessment was completed for each resident. These captured information on the residents life prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by the activities coordinator five days a week. The activity schedule provided for both cognitive and physical stimulation.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a laundry room in which all washing, drying and ironing of residents' clothes was carried out.

On admission, an inventory of the resident's property is recorded. All laundry and ironing is done onsite and there is a full-time laundry staff member present seven days a week.

The laundry room was suitably equipped with industrial sized washers and dryer.

All clothing examined was not labelled to identify ownership. There were multiple systems in place. Some personal clothing was identified with a button tag system others were labelled with a laundry pen and some had no labels to identify ownership.

The systems in place require review to ensure all clothing is identifiable to each resident.

**Judgment:**

Substantially Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The centre maintained policies on recruitment, training and development of staff.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

There are nine care assistants rostered from 8:00 am until 11:00 am, eight care assistants until 2:00 pm and six care assistants until 6:00 pm. There are two nurses rostered throughout the day. The nurses are supported in their role by the person in

charge. There is one nurse rostered for night duty supported by two care assistants.

There is a training and development program to ensure that staff maintain competence in all areas relevant to their role. This includes specialist training in relation to the care of the older person in areas such as dementia and responsive behaviours, end of life care and cardio pulmonary resuscitation techniques. Mandatory training required by the regulations for all staff was maintained through ongoing programs of refresher training.

A sample of staff files from each role was reviewed. The files contained all documentation required under Schedule 2 of the regulations. There was evidence of vetting by An Garda Síochána for all staff.

All nurses had records confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

Questionnaire submitted to HIQA indicated that staff were caring, responsive to their needs, and treated them with respect and dignity.

**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:*

PJ Wynne  
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 report<sup>1</sup>

Centre name:	Sonas Nursing Home Cloverhill
Centre ID:	OSV-0000384
Date of inspection:	06/03/2017
Date of response:	28/03/2017

### 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 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

All contracts did not have the total fee and the amount payable by the resident identified in schedule 1 part 3 of the contract in each of the sample examined.

The contracts did not explicitly identify if the bedroom in which the resident was to be accommodated was single occupancy or twin occupancy.

#### 1. Action Required:

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

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

Contracts will be reviewed to include whether accommodation is a twin or single room and the total fee and the amount payable by the resident

**Proposed Timescale:** 01/05/2017

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Seventeen doors required connecting to the fire alarm.

**2. Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Last seventeen doors will be connected to fire alarm

**Proposed Timescale:** 30/04/2017

**Theme:**

Safe care and support

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

The evacuation needs of each resident were not collated in a fire register aligned to each of the fire zones for ease of reference in the event of an emergency.

**3. Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The evacuation needs of all residents are collated into a register aligned to each of the fire

**Proposed Timescale:** 10/03/2017

## Outcome 11: Health and Social Care Needs

**Theme:**

Effective care and support

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

Care plans for psychological signs and symptoms of dementia (BPSD) and psychosocial care needs require development. The full extent of some of the issues being managed was not described well for residents with complex mental health problems or poor cognitive functioning.

**4. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care Plans for residents with Dementia and complex mental health problems are being reviewed to include all of the issues being managed

**Proposed Timescale:** 30/04/2017

## Outcome 17: Residents' clothing and personal property and possessions

**Theme:**

Person-centred care and support

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

All clothing examined was not labelled to identify ownership. There were multiple systems in place. Some personal clothing was identified with a button tag system others were labelled with a laundry pen and some had no labels to identify ownership.

**5. Action Required:**

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

Single system for labelling clothes now in place

**Proposed Timescale:** 28/03/2017

