Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

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:	21 April 2026
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0050294

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 three-storey facility located within the urban setting of Clonmel town. The centre can accommodate 93 residents. The centre has three distinct wings with bedroom accommodation in two of the wings, the New Extension and Orchard Wing, and communal space in the third wing, Melview House. There is a lift close to the reception area and stairs on both sides of the house to enable easy access to the all floors. Bedrooms comprise eighty three single bedrooms and five twin rooms with full ensuite facilities. Communal sitting and dining facilities are on each of the three floors in Melview House. A quiet room, hairdressing room and a visitors room are also available to residents. Residents have access to a safe outdoor courtyard area to the back of 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.

Number of residents on the date of inspection:	88

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Tuesday 21 April 2026	08:30hrs to 16:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector spoke with four visitors and 15 residents living in the centre. Residents and visitors expressed their satisfaction with staff, staffing levels, activities, the quality of the food, the standard of environmental hygiene and attention to personal care. Residents confirmed that they felt safe, and that they could speak with staff if they had any concerns or worries.

A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared appropriately dressed and well-groomed.

Several residents informed the inspector that staff went above and beyond to mark special occasions, such as birthdays and anniversaries. Residents described how these events were celebrated with thoughtful gestures, including balloons and cakes, which contributed positively to their overall experience and sense of belonging.

Visitors were seen coming and going over the course of the day. Visits were observed taking place in residents' rooms. One family member recalled a garden party held last summer, which included activities for all ages, with a bouncy castle provided for children, contributing to an inclusive and welcoming atmosphere.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. There was a very pleasant, calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspector observed the dining experience at dinner time. A group of residents gathered around a long dining room table for a 'family-style' lunch. The atmosphere was warm and communal, with plenty of friendly chatter. Several residents required assistance and the inspector saw that those who did, were provided with it, in a

respectful and unhurried manner. Meals provided appeared appetising and were served hot. Residents were complimentary about the food.

The original building "Melview House" was a large Italianate-style residence with notable architectural character. Communal dining and day rooms were located in this part of the building. Resident accommodation, comprising 19 single and five double bedrooms, was available in the 'Orchard Wing', an older section of the centre which retained a strong sense of history and charm. In recent years, a new three-story extension had been added, comprising 64 single bedrooms along with ancillary facilities and office space.

Residents accommodated in the Orchard Wing said that they liked the familiarity of this part of the building, as well as its distinctive character and homely atmosphere. One resident, said they enjoyed the views of the Comeragh mountains from their bedroom in the new extension and fondly recalled having climbed them in their childhood. Another resident said they were looking forward to relocating to the new extension, where they would have a view of the adjacent football pitches that held personal significance for them.

Ancillary facilities supported effective infection prevention and control. The main kitchen, located in the basement, was of adequate in size to cater for resident's needs. Toilets and changing facilities for catering staff were in addition to and separate from facilities for other staff.

Staff had access to dedicated housekeeping rooms for storage of cleaning trolleys and equipment. There were five sluice rooms, one on each unit, with bedpan washers for the reprocessing of bedpans, urinals and commodes. The infrastructure of the on-site laundry, which was located in an outer building, supported the functional separation of the clean and dirty phases of the laundering process. While the centre generally provided a comfortable and homely environment for residents, improvements were required in respect of storage of equipment and supplies.

Hand hygiene facilities supported effective hand hygiene. Conveniently located, alcohol-based product dispensers and hand washing sinks were readily available on corridors.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents. High standards of

infection prevention and control were evident, with effective systems in place to monitor and sustain practice. Management also demonstrated a strong track record in outbreak management, responding promptly and effectively to minimise the risk to residents, staff and visitors.

Sonas Asset Holdings Limited, a company comprising four directors, are the providers for Sonas Nursing Home Melview. The directors are involved in the operation of a number of other nursing homes throughout Ireland. The local management team in Melview was supported by the Sonas Nursing Homes support office which included human resources, facilities, finance, IT and marketing departments.

The PIC worked full time and was supported by clinical nurse managers, a team of nurses and care assistants, catering, housekeeping and administration staff. Overall, the staffing and skill mix on the day of the inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. Cleaning records viewed confirmed that bedrooms and communal areas were cleaned each day and all bedrooms were deep cleaned each month.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the PIC. The provider had nominated a staff member to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Staff also had access to specialist infection prevention and control advice and support as required.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. A schedule of infection prevention and control audits was in place. Audits covered a range of topics including infection prevention and control governance and management, hand hygiene, use of personal protective equipment (PPE), equipment and environmental hygiene, laundry, waste and sharps management. Audits were scored, tracked and trended to monitor progress. The audit programme was supplemented by peer audits undertaken by management from other Sonas centres to validate local findings. The high levels of compliance achieved in recent audits was reflected on the day of the inspection.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that the majority of staff had received mandatory infection prevention and control training.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. There had been one outbreak of a notifiable infection in 2026 to date. While it may be

impossible to prevent all outbreaks, the low level of transmission and short duration of this outbreak indicated that the early identification and effective management of infection had contained and limited the spread of infection.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. All staff had received, or were scheduled infection prevention and control training in the coming weeks. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. There were effective management systems in place to monitor the quality and safety of care provided to residents. The PIC ensured that service delivery was safe and effective through ongoing infection prevention and control audit and surveillance.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak

of infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations, within two working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by a team of recreational therapists and residents had daily opportunities to participate in group or individual activities.

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits and outings were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the many communal spaces through out the centre.

Residents had access to appropriate medical and allied health care support to meet their needs. There was evidence of access to medical practitioners through residents' own GPs and out-of-hours services when required. Residents also had access to other health and social care professionals such as speech and language therapy, tissue viability, dietitian and chirpody. In-house physiotherapy was also available from Monday to Friday, supporting resident's ongoing mobility and rehabilitation needs.

The inspector focused on resident's elimination (urinary catheter) and wound care plans. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans, based on assessments, were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.

Records of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely recorded. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This was incorporated into resident's electronic care record. Copies of transfer documents were maintained and contained details of health-care associated infections and colonisation to support

sharing of and access to information within and between services. Upon residents' return or admission to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital.

Overall, the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Finishes, materials, and fittings struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. The general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared appeared visibly clean.

A schedule of maintenance and painting work was ongoing, ensuring the centre was generally maintained to a high standard. Staff confirmed that maintenance issues were addressed in a timely manner. While the premises was designed and laid out to meet the number and needs of residents in the centre, storage facilities were not always utilised or managed appropriately resulting in the inappropriate storage of equipment and supplies in two areas of the centre. Details of issues identified are set out under Regulation 17; premises.

Overall, good infection prevention and control practices were consistently observed throughout the centre. Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of sharps, waste and used linen.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and generally laid out to meet the number and needs of residents in the centre, some areas required review to be fully compliant with Schedule 6 requirements. Improvements to storage been made following the last inspection, however some issues remained. For example,

- Clean consumables including PPE and incontinence wear were stored in an external storage shed. The shed was also used by maintenance and was visibly unclean and cluttered.
- Inappropriate storage of a cleaning trolley and 'clean' laundry trolley was observed within one sluice room. This posed a risk of cross-contamination.
- A spray hose was attached to an equipment cleaning sink within a sluice room on the Orchard wing. The use of the hose posed a risk for environmental contamination.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Copies of transfer forms were filed in resident records.

Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the HIQA were in place and were implemented by staff. Staff were observed to consistently apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers,

such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of sharp, waste and used linen.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Urinary catheter and wound care plans reviewed were sufficiently detailed to guide staff in the provision of person-centred care.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including tissue viability, speech and language therapy, dietitian, and physiotherapy as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Staff working in the centre promoted and supported the resident's independence and their rights. Residents' said that their rights and choices were respected. Residents were involved in their care and had choice in the time they wish to get up, how to spend their day and when go to bed and. All bedrooms had a television and call bell. tResidents had access to newspapers, magazines and books.

Restrictions during a January influenza outbreak were proportionate to the risks. Visitors confirmed that visits continued with practical precautions, such as wearing of masks, to manage associated risks.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0050294

Date of inspection: 21/04/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Clean consumables including PPE and incontinence wear are no longer stored in an external storage shed. The shed has been visibly cleaned and decluttered. The inappropriate storage of a cleaning trolley and clean laundry trolley within one sluice room was addressed immediately and will not be stored here. Staff have been reminded of correct storage. The spray hose has been removed and replaced.	

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.	Substantially Compliant	Yellow	22/05/2026