



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Ashborough
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lyre Road, Milltown, Kerry
Type of inspection:	Unannounced
Date of inspection:	22 March 2023
Centre ID:	OSV-0000194
Fieldwork ID:	MON-0039680

About the designated centre

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

Sonas Nursing Home Ashborough is located in the village of Milltown, Co. Kerry. It is operated by Sonas Nursing Management Ltd who is the registered provider. The home is registered to provide care to 58 residents, and is a purpose built residential care home based on a Scandinavian model. The centre is situated in the heart of County Kerry, surrounded by the towns of Killorglin, Killarney, Tralee and Castleisland. Bedroom accommodation consists of 54 single bedrooms and two twin rooms all with en-suite facilities. A small kitchenette including a fridge, washing machine, kettle and microwave (following assessment), a television and a private telephone line in the rooms are also standard. The centre provides 24 hour nursing care to both male and female residents. Residents that are maximum, high, medium and low dependency can be accommodated. The centre also provides respite and convalescence care for those who meet the criteria for admission.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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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
Wednesday 22 March 2023	08:10hrs to 17:10hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Sonas Nursing Home Ashborough was a nice centre where residents enjoyed a good quality of life. On the day of this inspection it was evident that residents' rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents' who were happy and well cared for in the centre. Overall, feedback from residents', who the inspectors spoke with, was one of satisfaction with the care and service provided, particularly complementing the kindness and individual attention they received from the staff.

The inspectors arrived to the centre unannounced, in the morning. Following an introductory meeting with the person in charge the inspectors were accompanied on a tour of the premises. Sonas Nursing Home Ashborough is located on the outskirts of the village of Milltown in County Kerry. The designated centre is a purpose-built, single-storey facility with accommodation for 58 residents, in 54 single and two twin bedrooms, all with en-suite facilities. The inspectors observed that each bedroom had an individual kitchenette, which included a refrigerator, sink and washing machine, for residents use. The centre is divided into four distinct units, all depicting names of flowers, Daffodil, Heather, Jasmine and Camilla.

The inspectors saw that the entrance to the centre was warm and welcoming. There was a large foyer with decor and furniture such as a piano, fish tank, book shelves, a pet tortoise and one wall had a mural depicting the front of a traditional post office. The kitchen and main nurses station were also situated in this area, and were open plan. The kitchen staff could be seen preparing food throughout the day. Residents spoken with told the inspectors that were happy with the food provided. One resident told the inspector they loved when the chef came to the dining rooms to get their opinion and suggestions about the food served.

The inspectors observed that the decor in the centre was modern throughout and all areas of the centre were appropriately furnished, to create a homely environment. The centre was observed to be very clean, tidy and well maintained on the day of the inspection. The inspectors saw that flooring was recently replaced in two of the units and they were informed that there were plans for replacement of the carpets of the two remaining units, in the months ahead.

As well as the communal space in each of the suites residents also had access to a large bright day room/hall, which over looked the gardens. The inspectors observed that this was not in use on the day of this inspection, however, some weekly activities took place here such as mass every Thursday. There was a designated smoking area which was adequate in size and well ventilated. Inspectors observed that measures were put in place to ensure the residents' safety when using this facility, including appropriate furniture and access to suitable fire fighting equipment.

There were very good opportunities for residents to participate in recreational

activities of their choice and ability throughout the day. There was an activities schedule in place seven days a week which included a variety of activities such as bingo, story telling, movie evenings, pampering, and imagination gym. A number of residents, including those who remained in their bedrooms also had access to activities and were observed being visited by staff during the day. On the day of the inspection, inspectors observed a number of residents taking part in chair exercises, yoga, mindfulness and arts and crafts. The centres physiotherapist was also working in the centre on the day of this inspection and they told the inspector that they worked with residents three days per week. Residents spoke positively about the interaction and treatment they received from this service.

There were 57 residents living in the centre on the day of this inspection. Inspectors interacted with a large number of the residents in the centre and spoke in detail with a total of 13 residents. Residents' feedback provided an insight of their lived experience in the centre. Those residents who spoke with inspectors were delighted to talk about their life in the centre. All residents told inspectors that they were satisfied with their home and that staff provided them with the help and support they needed. One resident described a member of staff as their "guardian angel" and described to the inspector how they motivated them and assisted them in their recovery from an illness. Another resident told the inspector how the staff always took time with them and sat and "had a chat". Residents spoken with told the inspectors they could talk to any member of staff if they had a concern or worry.

The inspectors observed a lovely warm atmosphere in the centre throughout the day. Communal areas were observed to be appropriately supervised during the day and staff were observed to be interacting in a positive and meaningful way with the residents. five visitors the inspectors met, praised the care their love one received and the good relationship the staff had with them.

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

Capacity and capability

This was an unannounced inspection that took place over one day. Overall, findings of this inspection were that Sonas Nursing Home Ashborough was a well managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The governance and management was well organised and the centre was well resourced to ensure that residents were supported to have a good quality of life. An application to renew the registration of this centre had also been submitted to the Chief Inspector, since the previous inspection, and this inspection would inform part of the decision making process. Some improvements were found to be required in fire precautions and healthcare, as detailed in the

quality and safety section of this report.

The registered provider of the centre is Sonas Nursing Homes Management Co. Limited, comprising of six directors, who are also involved in the operation of other designated centres in the country. There was a well established management structure and governance arrangements in place. The centre was managed by an appropriately qualified person in charge. They were supported in their role by an assistant person in charge, a clinical nurse manager and a full complement of nursing and care attendants, activity coordinators, housekeeping, catering, administrative and maintenance staff. The centre was also supported by a quality manager and a governance manager, who both provided a high level of management support to the centre. The management team was observed to have strong communication channels and a team-based approach to care delivery.

Staffing and skill mix on the day of inspection were appropriate to meet the assessed needs of the residents. A review of the staffing rosters found that housekeeping and activity staff hours had increased since the previous inspection with had a positive impact on care delivery. The inspectors examined staff training records, which confirmed that staff had up-to-date training in areas to support them in their respective roles. The management team provided clinical supervision. Staff whom inspectors spoke with, demonstrated an understanding of their roles and responsibilities.

There was evidence that there was effective communication with staff in the centre via regular staff meetings and daily handovers. Minutes of staff meetings reviewed by inspectors showed that a range of topics were discussed such as staffing, complaints, resident issues and activities. The provider completed a suite of audits on a monthly basis to monitor the care and service delivered. This information was used to implement quality improvements within the centre. There was evidence of consultation with residents through residents' meetings.

The provider had established and maintained a directory of residents in the centre. All incidents as per regulatory requirements, had been reported to the Chief Inspector in a timely manner. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time person in charge employed in the centre that had the qualifications and experience required by the regulations. They were actively engaged in the governance and day-to-day operational management of the service. They were knowledgeable about the regulations and about their statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

From review of the roster, speaking with staff and residents it was evident that the staff compliment and skill-mix was adequate to meet the care needs of the 57 residents on the day of inspection. Residents and visitors spoke very positively about staff, reporting they were kind, caring and respectful. There were two Registered Nurses on duty, day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Training in the centre was being well monitored. A comprehensive training matrix was made available to the inspectors and demonstrated up- to-date training for all staff in areas such as fire safety, manual handling and safeguarding vulnerable adults. There was an induction programme in place, which all new staff were required to complete. Staff were seen to be supervised in accordance with their role and responsibilities.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was being maintained and it contained the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that there were strong governance arrangements in the centre. There was a clearly defined management structure in place which identified lines of authority and accountability. There were sufficient resources in place in the centre, on the day of the inspection, to ensure effective delivery of high quality care and support to residents. Regular governance, staff and resident meetings took place and good communication and oversight was evident.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of legislation in a timely manner. Incidents were reviewed during the inspection which were all managed appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements. These policies were updated by the provider as required and were available to staff in the centre.

Judgment: Compliant

Quality and safety

Overall, findings of this inspection were that residents were in receipt of a high standard of care in Sonas Ashborough Nursing Home by staff that were responsive to their needs. Residents spoke positively about the care and support they received from staff and told the inspectors that their rights were respected and they felt safe in their home. Some actions were required in fire precautions, healthcare and infection control as detailed under the relevant regulations.

Residents' records showed that a good standard of evidence-based nursing care was provided to residents. This was detailed in the daily progress notes and the individualised plans of care, which were regularly reviewed and updated when residents' condition changed. Residents had timely access to general practitioners and a physiotherapist worked in the centre three days per week, providing assessments and treatment to residents. Residents also had good access to other allied health professionals such as speech and language therapists, dietitian and specialist medical services such as community mental health and occupational therapy services as required. Some improvements were required in wound care, as detailed under regulation 6. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration practices were being well monitored and areas for improvement were identified and actioned.

The inspectors reviewed a selection of electronic care records for residents with a range of health and social care needs. Following an initial assessment, care plans were developed to describe the care needs of the residents and how they were to be delivered. These were seen to be person-centred and were updated either four monthly or more frequently when there were any changes to the residents care or condition. The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Significant improvements were noted in infection prevention and control practices within the centre, since the previous inspection. The provider had implemented new systems and assurance processes to monitor infection prevention and control which included auditing, training and supervision of staff. The layout of laundry facilities in the centre required review, as detailed under regulation 27. Fire safety training was provided annually for all staff and the inspectors found that staff were knowledgeable and clear about what to do in the event of a fire. Regular fire evacuation drills were taking place in the centre and there were two trained fire marshals with responsibility for fire safety management. However, some further actions were required in relation to fire precautions, to ensure the safe evacuation of residents in the event of a fire, as outlined under regulation 28.

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques, and ways to effectively respond to behaviours.

There was evidence of appropriate risk assessments and care plans in place for all uses of restraint in the centre.

Residents' rights were protected and promoted in the centre. Individuals' choices and preferences were seen to be respected. Regular resident meetings were held which ensured that residents were engaged in the running of the centre and residents had access to independent advocacy if they wished. There was a varied programme of activities provided to residents by a team of activity coordinators. Access to the community was encouraged such as days out with families and personal assistants were provided to residents under 65, which improved their quality of life.

Regulation 11: Visits

Visiting was facilitated in the centre in line with national guidance. It was evident that visits were encouraged and practical precautions were in place to manage any associated risks. The inspectors met five visitors during the inspection and they all spoke positively about the care their loved one received.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that there was ongoing evaluation and updating of residents' end of life care wishes to ensure that care and support was in accordance with their personal wishes and preferences including their resuscitation wishes. Documentary evidence showed that consultation with residents' families formed part of the care approach.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises of the designated centre were appropriate to the number and needs of the residents. The premises were clean, well-maintained and well laid out to support residents' needs. The inspector was informed that plans were in place to replace flooring and kitchens in two of the suites. There was an ongoing programme of maintenance at the centre and a full time maintenance person employed.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

On review residents records the inspectors were assured that when a resident was temporarily absent from the centre for hospital treatment, all relevant information was conveyed about the resident to the acute hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Compliant

Regulation 27: Infection control

As per the findings of the previous inspection, the layout of the laundry rooms required to be reviewed, as there was not a process for segregation of clean and dirty linen. The inspectors were informed that there were plans in place to relocate laundry facilities in the centre in the coming months. This would involve removal of individual washing machines from bedrooms, with residents consent.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following required to be addressed to be in full compliance with this regulation :

- although each resident had a personal emergency evacuation plan (PEEP) in place, there was not evidence that these were regularly assessed and reviewed after admission.
- residents who required to be evacuated from their bed via fire evacuation sheets did not always have these evacuation sheets in place. The

management team addressed this on the day of inspection. However, ongoing monitoring of this would be required to assure that residents could be evacuated as planned, in a timely manner, in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication reviews and pharmacy audits took place on a regular basis. The local pharmacist was in attendance of the day of inspection. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Nurses maintained a register of controlled drugs, which was checked and signed twice daily by two nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans and daily nursing notes were recorded via an electronic record system. Each resident had comprehensive assessment to identify their care and support needs on admission to the centre. Residents' care plans were developed within 48 hours of admission, as per regulatory requirements. It was evident that care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as the risk of falls, impaired skin integrity, malnutrition and to establish the resident's dependency needs. Reviews were carried out at intervals not exceeding four months or when there was a change in residents' assessed care and support needs. There was evidence that the person-centred information contained within the care plans was gathered through consultation with the residents.

Judgment: Compliant

Regulation 6: Health care

The following required to be addressed to be in full compliance with this regulation:

- two residents receiving treatment for long term wounds were found to have inconsistency in the frequency of their photographic assessment. Therefore, it may be difficult to determine if a wound is healing or not.
- implementation of skin integrity care plan. One resident requiring two hourly

turns was found to have inconsistent recording of this by staff. Therefore, it was difficult to monitor and determine that this necessary care practice was taking place.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Restrictive practices were under review by the management team and there was evidence of use of alternatives to bed rails in accordance with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

On the day of inspection the service was not acting as a pension agent for any residents. Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. The provider ensured that garda vetting was obtained before any person commenced employment in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held and resident satisfaction surveys were carried out and feedback was acted upon. Minutes of recent meetings reviewed by inspectors showed that relevant topics were discussed including excursions, staff and menus. Residents had access to an independent advocacy service. The provider employed two activity staff who were allocated to the social care needs of residents and for ensuring the activity schedule was available for residents seven days a week.

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	
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	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 Ashborough OSV-0000194

Inspection ID: MON-0039680

Date of inspection: 22/03/2023

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>There is a two-phase plan proposed to improve the IPC of how we currently launder the residents clothing.</p> <p>Phase one – we will outsource the laundering of the residents clothing. We have tendered for this and plan to commence in June 2023.</p> <p>Phase two - we are working with architects and fire officers in order to determine a suitable location and design to build a laundry room which will house industrial machines. We will then launder the residents clothing in-house with dedicated personnel for same. 12/12/2024.</p> <p>Residents and their nominated support persons will be consulted and included in the planning.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The residents personal emergency evacuation plans (PEEP) now have a review date on the document and we will continue review them every four months or as required. PEEPs will be reviewed in conjunction with the assessment and update of each resident's fire safety care plan.</p> <p>Evacuation sheets have been placed on beds for residents who require same and they are checked daily by nursing staff to ensure they are correctly fitted. The nurse in charge</p>	

confirms and monitors this on all shifts. Regular will drills will also test the implementation of these procedures.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Following the inspection, all residents undergoing treatments or care for wounds of any form and type have been and will be photographed once a week at a minimum. The wound care policy has been re-issued to all nursing staff. Referrals to the tissue viability nurse will be made as required.

Residents for repositioning in accordance with the care plan have been reviewed by the PIC, followed up on and documentation is now being maintained correctly. The nurse or manager in charge will monitor this on a daily basis.

The Quality Manager will further monitor this weekly through the PIC weekly report and remote IT systems. Hard copy records will be inspected on site visits.

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	12/12/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	23/03/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan	Substantially Compliant	Yellow	23/03/2023

	prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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