

# 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:	Announced
Date of inspection:	19 February 2025
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0044881

## 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:	82
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## 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
Wednesday 19 February 2025	09:00hrs to 18:00hrs	John Greaney	Lead
Wednesday 19 February 2025	09:00hrs to 18:00hrs	Sarah Armstrong	Support

## What residents told us and what inspectors observed

The overall feedback from residents who spoke with inspectors was that they were happy and liked living in Sonas Nursing Home Melview. Residents were generally complimentary of the staff and the care and attention they received. Visitors that spoke with inspectors also provided positive feedback, stating that staff were responsive to residents' care needs and kept them informed of any changes. Inspectors observed respectful interactions by staff with residents throughout the day.

Following an introductory meeting with the person in charge, inspectors did a walk about of the centre accompanied by the person in charge. Sonas Nursing Home Melview comprises three distinct wings, New Extension, Orchard Wing and Melview House. The centre is registered to accommodate 93 residents in eighty three single and five twin bedrooms, all with en suite facilities. There were 82 residents living in the centre on the day of the inspection. Bedroom accommodation is in the New Extension and Orchard Wing with communal space predominantly provided over three floors in Melview House. Orchard Wing has two floors and has bedroom accommodation for 29 residents in nineteen single en suite bedrooms and five twin en suite bedrooms. The New Extension has three floors and a basement. There are sixteen single en suite bedrooms on the ground floor with eighteen single en suite bedrooms on each of the first and second floors. The basement section of this wing houses the main kitchen and staff facilities. There is no resident accommodation at basement level.

Generally, the premises was found to be clean, bright and in a good state of repair. Residents' bedrooms were viewed and many were seen to have been personalised with family photographs, ornaments and decorative items. Residents had access to a large secure outdoor area that was suitably landscaped and had garden furniture. The weather on the day of the inspection was inclement and not suitable for residents to sit outside. There is a balcony on the first floor that is predominantly used by residents that smoke. This is controlled by electronic key fob and residents can only access this area with the assistance of staff.

On the morning of the inspection some residents were up and about and were spending time in the communal rooms while others were still in their bedrooms. Household staff were observed attending to residents' rooms while care staff were observed assisting residents with their personal care in a respectful manner. Inspectors observed interactions between the staff and residents throughout the day and found that staff were respectful and caring. It was clearly evident that staff knew the residents well, and were knowledgeable about the level of support each resident required. Residents appeared well-cared for and were neatly dressed in accordance with their preferences.

Inspectors observed activities underway both in the morning and afternoon in the various sitting rooms. A puppeteer visited the centre in the afternoon and this

activity was held in the main sitting room on the ground floor. Residents appeared to be enjoying and enthusiastically participating in the activity. The communal rooms on all three floors in Melview House appeared to be occupied by residents over the course of the day. These areas were supervised by staff and facilitating a variety of activities for residents.

Inspectors observed lunch to get a sense of the dining experience for residents. A large number of residents were seen having their lunch in the various dining rooms. The menu for the day was on display on each table and choice was available. Meals were seen to be freshly prepared and attractively presented. Most residents confirmed that the food was of a high standard and they were happy with the choices available. One resident gave mixed views on the quality of food, identifying some menu options that were of a very high quality while others were not to their liking. Residents confirmed that if they wished to have something that was not on the menu for that day, this would be prepared and this was supported by inspectors' observations. Residents requiring assistance were assisted appropriately by staff. Staff were seen to engage the residents in conversation and it was evident that they knew each resident well and discussed issues that were of interest to them.

While there was adequate storage space in the centre, this was not always used to its potential. Inspectors observed instances here was inappropriate storage in multiple locations throughout the centre. Assistive equipment, such as hoists, were seen to be stored on corridors. Chair scales and laundry trolleys were seen stored in a bathroom. A laundry trolley was stored on a corridor obscuring a fire extinguisher.

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

Overall, inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support.

This was an announced inspection to monitor ongoing regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

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 overall governance structure reflects the size of the organisation. There was a clearly defined management structure with identified lines of accountability and responsibility. The person in charge worked five days a week in the centre and

reported to a quality manager. The quality manager also had oversight of three other designated centres and reported to a director of quality and governance. The clinical management team consisted of the person in charge, an assistant director of nursing and three clinical nurse managers (CNMs). The management team was found to be knowledgeable about individual residents' needs, wishes, and life stories. The management team are supported by a team of nurses, health care assistants, activity coordinators, domestic, catering, administrative and maintenance staff.

On the day of inspection, there was adequate staffing available to meet the needs of the current residents, taking into consideration the size and layout of the building. Discussions with staff over the course of the inspection confirmed that they were clear about their roles and the reporting relationships. Staff said they were well supported and that they had good access to training and updates. Staff had completed training in safeguarding, fire safety, manual handling, dementia awareness, and infection prevention and control.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. Audits that were reviewed included key areas such as falls, incidents, antimicrobial stewardship, concerns and complaints. Weekly management reports were compiled and made available to the provider's senior management team. Quality improvement plans had been developed in response to areas where required improvements were identified. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were reported to the Chief Inspector of Social Services within the time frame specified under the regulations.

There was a policy and procedure in place for the management of complaints. Inspectors viewed the complaints log and found that the provider had responded appropriately to complaints and had taken necessary remedial actions.

The provider had processes in place to ensure resident's feedback was recorded and used to inform the quality improvement plan. The annual review for 2024 was available with a quality improvement plan for 2025. Resident questionnaires had been used to inform the review. There were clear procedures in place to support residents and their families to make a complaint.

### Regulation 15: Staffing

There were adequate numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre on the day of inspection. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development
Staff had access to training and had completed all necessary training appropriate to their roles and responsibilities. There were arrangements in place for the ongoing supervision of staff through management presence and formal induction and performance review processes.
Judgment: Compliant
Regulation 23: Governance and management
There was effective governance, management and leadership in the centre. The arrangements in place ensured effective oversight of a safe and quality of care on a consistent basis. Key-areas of the quality and safety of the service were regularly reviewed using a comprehensive programme of auditing in clinical care and environmental safety.
Judgment: Compliant
Regulation 31: Notification of incidents
Records of incidents and accidents which had occurred in the designated centre were reviewed by inspectors. It was found that notifications were submitted by the registered provider within the required timeframes and in compliance with Schedule 4 of the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
Inspectors reviewed a sample of four complaints on the day of inspection. These records demonstrated that complaints were documented and investigated by the management team. Investigations were concluded as soon as possible in each case, with evidence that the complainant was informed of the outcome of the investigation and any recommended actions or improvements identified.
Judgment: Compliant



## Quality and safety

Overall, the inspectors found that residents in Sonas Nursing Home Melview were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents.

A review of residents care records confirmed that pre assessments were conducted for each new resident prior to admission to ensure the provider could meet the needs of the resident. In addition, residents were assessed on admission using validated assessment tools. Inspectors reviewed a sample of care plans and found that they reflected residents' preferences, needs and individual routines. This supported staff to provide care that was person-centred.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely access to their GP. Residents were also referred to health and social care professionals such as dietetic services, speech and language therapy, and tissue viability services. A physiotherapist and a physiotherapist assistant worked in the centre full time. In addition to assessing residents and developing exercise regimens, elements of the physiotherapy programme were incorporated in the the activity schedule. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated within the resident's care plan. Daily nursing notes provided good information on the care interventions provided to residents and on their health and well-being.

There were systems and procedures in place to safeguard and protect residents from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. There were advocacy posters displayed throughout the centre. In the majority, residents spoken with by inspectors said they felt safe in the centre. One resident did raise a concern with inspectors and this was brought to the attention of management, who committed to investigating the concern.

Equipment in use to provide care to the residents which included mobility equipment, hoists and hoist slings and resident beds were serviced regularly. Although, storage had improved in the centre since the last inspection, more diligence was required to ensure that resident communal facilities were not used to store equipment.

There was evidence that residents had the freedom to exercise choice regarding their day to day activities and how they liked to spend their time. Residents were afforded the opportunity to be alone as they chose and to attend various meaningful

activities for them that took place daily in group settings and individually. Some residents were seen pursuing their own personal interests.

In general inspectors observed good practices with regard of infection prevention and control (IPC). There was a register of multi-drug resistant organisms (MDROs) maintained in the centre and antibiotic usage was monitored. However, some improvements were still required and these are outlined under Regulation 27 of this report.

Information was available for residents and their families in their centre regarding independent advocacy services and access to this service had been facilitated and used by some residents.

There was a variety of activities available for residents to engage in both on a one to one basis or through scheduled group activities. A selection of activities observed on the day included a visit by a puppeteer, arts and crafts, and quizzes.

Residents families and friends were made welcome and were encouraged to be involved in the care and ongoing lives of the residents. Inspectors spoke with two visitors and the feedback in relation to the care their relative received was very positive.

## Regulation 17: Premises

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 resulting in the inappropriate storage of equipment. For example:

- hoists and laundry trolleys were found to be stored on a public corridor with the potential to obstruct evacuation routes
- laundry trolleys and chair scales were stored in bathrooms
- wheelchairs were stored in a sitting room in a manner that obstructed access to armchairs

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The dining rooms were spacious and had menus on display on tables. Condiments and drinks were available on the tables for the residents and there was adequate numbers of staff in attendance. Residents who needed assistance were supported to have their meals by staff in a respectful manner and were not rushed. Residents spoken with said that they were happy with the quality and quantity of food offered.

Judgment: Compliant

### Regulation 27: Infection control

While the premises was generally clean, there were some areas that required attention. For example:

- a number of wash hand basins were not clean. This included wash hand basins on corridors and in the housekeeping room
- some toilets were also not clean and in need of attention

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person-centered and reflected the residents whom the inspectors had met on the day. Each resident had a comprehensive assessment conducted that included evidence-based assessment tools for risks such as malnutrition, pressure sore development and the risk of falling. Care plans reflected residents' assessed needs. There was evidence of resident and family involvement where appropriate.

Judgment: Compliant

### Regulation 6: Health care

There was evidence of access to medical practitioners through residents' own GPs and out-of-hours services when required. Systems were in place for residents to access other healthcare care professionals as required, including tissue viability nurses, dieticians and speech and language therapists. The provider employed a number of healthcare professionals, including a physiotherapist and a physiotherapist assistant, who were onsite providing care to residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had opportunities for recreation and participation in meaningful activities which were provided by dedicated activities staff. There were notice boards located in several areas of the centre which clearly displayed the activities schedule for that day and residents were supported to exercise choice in their participation. Activities offered were appropriate to the interest and capacities of the participating residents. Inspectors observed that some residents continued to spend time in their bedrooms or alone in communal areas, which in speaking to these residents was their own choice. Residents had sufficient access to television, newspapers and radio. Telephones were observed in residents' bedrooms where they may be accessed privately. The provider also consulted with residents through regular residents' meetings, with evidence showing that residents actively participated in the organisation of the service.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially 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-0044881

Date of inspection: 19/02/2025

## 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: Storage of all equipment has been reviewed. Staff have been instructed not to block access or evacuation routes and this is monitored by the management team on the walkarounds. Laundry trolleys and chair scales are no longer stored in the bathroom.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The handwashing basins and toilets identified were cleaned immediately on the day of the inspection. The Director of Operations has been onsite and has met with the housekeeping team and reviewed the cleaning schedules with them. The home management team must sign off the cleaning schedules on a daily basis and they are monitoring the cleanliness on their walkarounds.	

## 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	25/03/2025
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	25/03/2025