



# 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:	29 January 2026
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0049395

## 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:	85
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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
Thursday 29 January 2026	09:15hrs to 17:10hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

From what the inspector observed and what the residents told them, residents were happy and content living in Sonas Nursing Home Melview. Over the course of the inspection, the inspector spoke with seven residents, two visitors and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs on the day of inspection.

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. On the day of inspection there was a calm atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be mostly content and comfortable in their surroundings.

Sonas Nursing Home is a period house with modern four story extension registered to provide care for 93 residents in Clonmel town, Co. Tipperary. There were 85 residents living in the centre on the day of the inspection.

The design and layout of the premises met the individual and communal needs of the residents. The building was well lit, warm and adequately ventilated throughout. The period house contained communal spaces allowing residents to access dining rooms and day rooms from each floor. Residents had access to a visitor's room, a library and a quiet room. The centre was observed to be clean and tidy.

Residents were accommodated in 83 single bedrooms and 10 twin bedrooms all with en-suite wash hand basin, toilet and shower facilities. Resident's bedrooms were clean and tidy. Most bedrooms were personalised and decorated in accordance with resident's wishes. Lockable storage space was available for all residents and personal storage space comprised of a locker, set of drawers and double wardrobes. All bedrooms were bright and enjoyed natural light. Residents had access to two bathrooms in the centre.

Residents had access to a large secure outdoor area that was suitably landscaped and had garden furniture. The centres designated smoking area from the first floor was observed in use during the day.

The inspector observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day in which the inspectors observed laughter and banter between staff and residents. The inspector observed staff treating residents with dignity during interactions throughout the day.

All residents whom the inspector spoke with were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining rooms. The inspector observed the main lunch time meal on the first floor. The lunchtime was a relaxed and sociable experience, with residents enjoying each other's company as they ate while engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and served in the dining rooms by the staff. Residents confirmed they were offered a choice of starter, main meal and dessert. The food served appeared nutritious and appetising. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector observed drinks and snacks were offered to residents in the morning.

The centre provided a laundry service for residents. All residents' whom the inspector spoke with on the day of inspection were happy with the laundry service.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were very happy with the care and support their loved ones received.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet and televisions. The activities programme was displayed on notice boards on each floor. The inspector observed residents attending a pampering session in the morning. Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection with a focus on adult safeguarding and reviewing the measures the provider had in place to safeguard residents from all

forms of abuse. The inspector found that improvements were required in governance and management systems to ensure residents were supported and facilitated to have a good quality of life.

Sonas Asset Holding Limited was the registered provider for Sonas Nursing Home Melview. The company had two directors, one of whom represented the provider for regulatory matters. The person in charge worked full-time and was supported by an assistant director of nursing (ADON), clinical nurse managers (CNM's), a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, laundry, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a quality and governance manager and a quality manager. At the time of this inspection the person in charge was on planned leave and the ADON was deputising.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training and development opportunities. Records viewed on the day of inspection showed that staff had completed the human rights-based approach to care, responsive behaviours, safeguarding, restrictive practice and dementia care training, and the inspector observed that staff were knowledgeable and applied the principles of training in their daily practice. Staff were appropriately supervised. Staff with whom the inspector spoke with, were knowledgeable regarding the types of abuse and safeguarding procedures.

The inspector viewed records of governance meetings, and staff meetings which had taken place since the previous inspection in February 2025. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, call-bell, post fall management, and restrictive practice. Audits were objective and identified improvements. Findings from audits were documented on the agenda of staff and governance meetings. Audits completed and action plans were discussed with quality manager monthly which provided a structure to drive improvement. Regular governance meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from residents and audits. Notwithstanding the good practices identified, further improvements were required in the oversight of safeguarding and restrictive practice systems. This is discussed under Regulation 23: Governance and management.

## Regulation 15: Staffing

Based on the individual and collectively assessed needs of the residents, and having regard for the layout of the centre, the inspector found that this level of staffing was sufficient to ensure that care was attended to appropriately on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff had access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

### Regulation 23: Governance and management

While there was a range of management systems in place, one gap was identified.

- The inspector found that the oversight systems in place were not sufficiently robust to respond to and manage the known needs of residents with responsive behaviours and to protect all residents from abuse. These gaps in the oversight of systems are outlined further under Regulation 7: Managing behaviour that is challenging and Regulation 8: Protection.

Judgment: Substantially compliant

## Quality and safety

The purpose of this inspection, focused on adult safeguarding, was to review the quality of service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. This inspection found that improvements were required in the systems in place to identify safeguarding concerns, the policy available to staff to guide in the use of restrictive practice procedures and the premises.

The inspector viewed a sample of residents' electronic nursing records and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. The inspector viewed a sample of residents' safeguarding care plans and the management of behaviours

that are challenging care plans, which were person-centred and outlined specific interventions to safeguard the residents.

There was a policy in place to inform management of responsive behaviours. There was evidence that staff had received training in managing behaviour that is challenging. Residents had access to psychiatry of later life. For resident's with identified responsive behaviours, nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent- behaviour- consequence (ABC) tool. There were clear care plans for the management of the resident's responsive behaviour. It was evident that the care plans were being implemented. Despite this good practice, the oversight of ABC tools required strengthening to ensure that safeguarding incidents were identified. This is discussed further under Regulation 8: Protection

A register of restrictive practices in use was maintained in the centre. There was low use of bed-rails in the centre. The service had a specific policy on the management of restrictive practices. The consent form for residents that had a physical restriction were signed by the resident in conjunction with the nursing staff and in consultation with the resident's family if appropriate. Restrictive devices were formally reassessed at a minimum of every four months or sooner if indicated. Restrictive practices were audited regularly. Notwithstanding this good practice, improvements were required to the centres policy on the management of restrictive practices. This is discussed under Regulation 7: Managing behaviour that is challenging.

Residents with communication difficulties were supported with assistive devices or, where possible, staff could translate for them. Care plans viewed for residents who had difficulties communicating reflected the care that was being delivered.

All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed bespoke safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse. The provider did not act as a pension agent for any residents or hold money belonging to residents in safekeeping.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria as set out in Regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Arrangements were in place for the identification, recording, investigation, and learning from serious incidents which included falls, injuries to residents, medication management, and wounds/pressure ulcers. The risk register contained site-specific risks such as the risk to residents who displayed aggressive behaviours.

## Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan and appropriate supports in place.

Judgment: Compliant

### Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following area:

- Call-bell devices were missing from some rooms in the centre such as the visitors room and some toilets.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

While there was a policy on the management of restrictive practices, it did not contain guidance for staff on the procedure to manage an unplanned emergency restrictive practice.

Judgment: Substantially compliant

### Regulation 8: Protection

Based on a review of incidents of behaviours that are challenging, the inspector was not assured that the person in charge had taken all measures to investigate incidents of abuse, for example:

- A record of validated antecedent- behaviour- consequence (ABC) tools viewed by the inspector identified safeguarding incidents. These safeguarding events had not been recognised nor reported to the office of the Chief Inspector. The provider was requested to review the record of ABC tools and submit the notifications retrospectively following the inspection.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents have access to a variety of activities and there are adequate communal spaces to facilitate their participation in activities. Residents' meetings were held each month to support residents to participate in the organisation of the centre. Residents had access to newspapers, televisions and radios. Independent advocacy service information was displayed throughout the centre.

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	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0049395

Date of inspection: 29/01/2026

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An investigation and comprehensive review was conducted by the Chief clinical Officer (CCO) and the PIC following the inspection. This review confirmed that some responsive behaviour episodes were not identified as potential safeguarding issues for other residents. This learning was shared with the management and nursing teams. A bespoke training programme was developed and is being delivered by an external trainer onsite. The course is titled “Caring Beyond Tasks: Dignity, Respect &amp; Inclusion,” By the end of this course, staff will be able to:</p> <ul style="list-style-type: none"> <li>• Define dignity, respect, and inclusion in care</li> <li>•Recognise how task-driven care can undermine personhood</li> <li>•Demonstrate communication that promotes dignity</li> <li>•Support choice, autonomy, and independence</li> <li>•Identify and challenge subtle forms of exclusion or ageism</li> <li>• Accurately record ABC charts and recognise when a residents behaviour might be a safeguarding concern to another resident</li> <li>•Reflect on their own attitudes and practice. The CCO has reviewed all weekly ABC logs since the inspection and can confirm that these are being used appropriately, incidents logged where required, appropriate care plans in place and escalation re. safeguarding concerns has been discussed with the PIC and actioned where required.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All call bell devices are now in place and this is inspected daily by the management team on their walkarounds.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>SNH 109/01 The Prevention, detection &amp; response to abuse (safeguarding vulnerable adults, SNH 109/03 Management of behaviours that are challenging and SNH 109/04 The use of restrictive practices, have all been reviewed and updated to provide specific guidance to staff on the procedure to manage an unplanned emergency restrictive practice. These policies have been discussed with all staff.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Following a comprehensive review of the records the required notification was submitted. The weekly data is monitored by the quality team to ensure that the records are recorded appropriately and whereby follow up actions are required that this is completed. The learning from the inspection has been discussed with all staff and noticeable improvements have been noted in the record keeping and the understanding of the further implications from incidents.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	17/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	02/04/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on	Substantially Compliant	Yellow	17/03/2026

	the website of the Department of Health from time to time.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	17/03/2026