



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:	22 November 2023
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0033073

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 81 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 seventy one 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:	63
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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 November 2023	09:45hrs to 18:15hrs	John Greaney	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were content with living in the designated centre. Residents' and relatives' feedback was positive regarding their clinical care and the supports given to them by staff. Staff were observed to be kind and attentive to residents' needs and they chatted with the residents as they cared for them throughout the day. Improvements, however, were required in the socialisation of residents.

The inspector arrived to the centre unannounced on the morning of the inspection and was met by the person in charge. Following an introductory meeting, the inspector completed a walk around of the centre in the company of the person in charge. The inspection was carried out over one day and the inspector met with residents and staff including members of the centre's management.

Sonas Nursing Home Melview comprises three distinct wings, New Extension, Orchard Wing and Melview House. The centre is currently registered to accommodate 81 residents in seventy one single and five twin bedrooms, all with en suite facilities. 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 ensuite bedrooms on the ground floor with eighteen single en suite bedrooms on each of the first and second floors. The basement houses the main kitchen and staff facilities. There are no residents at basement level.

The premises has undergone significant development over time. Melview House is the oldest part of the premises and along with Orchard Wing has recently been renovated. While renovations were underway, both of these areas were closed to residents and temporary sitting and dining rooms were provided using twelve bedrooms in the New Extension. The renovations in Melview House are now complete and these temporary sitting and dining rooms have been converted to bedrooms.

On the day of the inspection there were 63 residents living in the centre and most of these were accommodated over the three floors of the new wing. Twelve residents were accommodated on the first floor of Orchard and there were no residents on the ground floor of Orchard.

Since the renovations have been completed and the temporary sitting and dining rooms have been converted to bedrooms, most communal space is in Melview House. This is not proximal to the bedrooms. Over the course of the inspection, the inspector observed that residents spent little time in communal rooms. The inspector noted that there were no residents availing of the sitting rooms on the first and second floors of Melview House. The sitting room on the ground floor was mostly

used for organised activities, such as an exercise class in the afternoon of the day of the inspection. A small number of residents had their meals in the dining rooms on each of the floors in Melview House but most returned to their bedroom after each meal. The inspector also noted that there were no residents in any of the communal sitting or dining areas after 5:45pm on the day of the inspection.

Prior to the inspection the provider had submitted an application to vary the conditions of registration to increase the bed capacity from 81 to 93 following the conversion of the temporary sitting and dining rooms to twelve single bedrooms. On the walkaround of the centre, the inspector found that the bedrooms were not ready for occupation. While the renovation work was substantially complete with call bells and televisions in each room, most were not furnished with bed, wardrobes, bedside lockers or chairs. In some rooms the furniture was within the room or stored in the en suite, and in others it was still in its packaging. Following the inspection the provider withdrew the application, which was then to be submitted at a later date.

Activities were predominantly facilitated by one activity co-ordinator, supported by a number of external people providing activities. These included a fitness instructor, a physiotherapist and musicians. On the day of the inspection the fitness instructor visited the centre and resident were observed to be enthusiastically participating in an exercise class. While the activity co-ordinator spend one-to-one time with residents in their bedrooms, the main programme of activities was largely focused on activities provided in the sitting room on the ground floor. The inspector observed that a number of residents who did not attend the sitting room had limited opportunities to participate in meaningful activities in line with their interests and capacity.

A number of residents told the inspector that they previously lived in the locality and were pleased that they could continue to live in an area they knew well and close to their families still living in or around Clonmel. One resident told the inspector that they recently moved here from another nursing home so that they would be closer to their home and it would be easier for family to visit.

The inspector observed that residents were well groomed and appropriately dressed. Many of the female residents wore items of jewellery. A hair salon was available in the centre and a hairdresser attended the centre regularly.

The centre was generally bright, homely and well-furnished throughout. The design and layout of the centre, however, was not conducive to residents spending time in the communal rooms and as a result most residents spent their day in their bedrooms. The inspector did note that there was a high level of visitor activity over the course of the day. Most visiting took place in the residents' bedrooms, however, there was ample facilities for visitors should residents not wish to receive visitors in their bedrooms.

On the day of the inspection all residents were accommodated in single bedrooms with full en-suite facilities. The inspector observed that these bedrooms were bright and had sufficient circulation space and storage to meet residents' needs. Many of the residents had personalised their bedrooms with their photographs and other

personal items. There are five twin bedrooms located on the ground floor of Orchard Wing but this area of the centre remains unoccupied. It was identified at the last inspection that in one of the twin rooms, there was only a single wardrobe allocated to a resident with no chest of drawers. The person in charge stated that this would be addressed prior to the bedroom being occupied.

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

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The inspection was conducted in response to an application by the provider to increase capacity from 81 to 93 residents. During construction of the new extension, the dividing wall between six pairs of single bedrooms had not been built so that they could be used as communal sitting and dining rooms to allow for the renovation of Melview House.. Now that renovations were complete, the dividing walls had been built creating an additional twelve single en suite bedrooms.

Notwithstanding the positive feedback received from residents, this inspection found that a number of actions were required by the provider in order to comply with the regulations to support the provision of quality and safe care to residents. The provider was working towards improved regulatory compliance, however, further action was required to ensure a consistent high quality service was provided to residents. A number of actions committed to by the provider following the last inspection had not been completed within the time lines given by the provider.

Sonas Nursing Services Limited, a company comprising four directors, are the providers for Sonas Nursing Home Melview. The directors are involved in the operation of eleven other nursing homes throughout Ireland. The governance structure reflects the size of the organisation.

The person in charge is an experienced nurse responsible for the care and welfare of residents and the oversight and supervision of clinical care. Since the last inspection the governance structure had been enhanced by the recent appointment of a Quality Manager. The Quality Manager has responsibility for this and three other nursing homes. The persons in charge of each of these four centres reports to the quality manager who in turn reports to a Director of Quality and Governance, who has oversight of all twelve centres. The Director of Quality and Governance reports to the Board of Directors through the Director of Operations. A further enhancement of the governance structure since the last inspection is the appointment of a hospitality manager with direct oversight of catering,

housekeeping and laundry services.

The person in charge works full time and is supported by two clinical nurse managers (CNMs). Management are supported by a team of nurses and healthcare assistants, an activities co-ordinator, 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.

Action was required in relation to staffing. Commitments on staffing levels given in the Statement of Purpose, against which the centre was registered, were not fulfilled. For example, the provider had committed to having two activity staff once capacity reached 54 residents but there continued to be one activity staff even though there were 63 residents in the centre on the day of the inspection. This was not adequate given the complex design and layout of the premises and the difficulty for one member of staff to meet the social care needs of residents throughout the building. Additionally, nursing management did not fully align with that outlined in the Statement of Purpose against which the centre is currently registered. This is discussed further under Regulation 23 of this report.

There were systems in place for management oversight of the quality of care delivered to residents. These systems included an auditing programme and audits were completed on a monthly and quarterly basis with action plans in place to address any issues identified.

A review of training records for staff showed staff were up-to-date with training and there was a schedule in place for refresher training. Staff spoken with on the day of inspection were knowledgeable about safeguarding procedures and told inspectors they felt supported in their roles. Staff members spoken with by the inspector were knowledgeable of residents and their individual needs. Staff were also respectful of residents' wishes and preferences.

Staff files were well-maintained in a secure filing system. There was evidence that all registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration certificate. An Garda Síochána (police) vetting disclosures were in place for staff working in the centre.

The complaints procedure was updated to include the changes required under S.I. 628 of 2022 and this was displayed prominently in the centre. The record of complaints was reviewed by the inspector. These records identified that complaints were recorded and investigated in a timely way. The inspector observed posters with details on how to access SAGE and Patient Advocacy Services were on prominent display in the centre.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications as specified in the regulations. He is full time in post and is actively

involved in the governance and management of the centre. The person in charge has positively engaged with the regulator and was knowledgeable regarding his responsibility relating to the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in the centre were not in accordance with that set out in the Statement of Purpose against which the centre was registered. For example:

- there was one person assigned to oversee the programme of activities. Given the design and layout of the centre, this was not adequate to meet the needs of the residents over a number of floors and three buildings
- an assistant director of nursing (ADON) had not been appointed as committed to in the Statement of purpose, once the number of residents accommodated in the centre exceeded 54

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding vulnerable adults, management of responsive behaviour and manual handling. 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.

Judgment: Compliant

Regulation 21: Records

Residents' records were reviewed by the inspector who found that they complied with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

Action was required in relation to governance and management to support the provision of safe and quality care to residents. For example:

- commitments given in the Statement of Purpose in relation to nursing management were not in place. For example, there was a commitment to have an ADON in place in addition to one CNM, once capacity reached 54 residents. While there were two CNMs on duty, the post of ADON was vacant on the day of the inspection.
- actions identified in previous inspection were not addressed in accordance with commitments given by the provider in compliance plan responses. These included the installation of a smoke detector in an electrical cupboard; increasing the height of the safety rail on the balcony on the first floor; and the replacement of taps on some wash hand basins.
- the provider had submitted an application to vary to increase bed capacity, however, these bedrooms were not ready for occupation on the day of the inspection
- other than an on call rota, there are no members of nursing management rostered for duty at weekends. Given the complex design and layout of the centre, there is a need to ensure there is adequate clinical supervision of staff at all times
- mitigation measures for the low balcony railing on the first floor identified in the risk register were that residents could only access this area under the supervision of staff. The inspector, however, noted that this area was not locked and residents could access it without the direct supervision of staff.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All policies required under schedule 5 in the regulations were available for review on the day and had been reviewed within the last three years.

Judgment: Compliant

Quality and safety

This inspection found that supportive and caring staff working in the centre promoted and respected residents' rights. Residents' needs were being met through

good access to health care services. Action, however, was required in relation to the socialisation and activation of residents.

There were a number of local general practitioners (GP) providing medical services to the centre. Out-of-hours GP services were also available. There was evidence of appropriate referral to and review by health and social care professionals where required. The inspector reviewed a sample of residents' records and saw that residents were assessed using a variety of validated tools. These were completed within 48 hours of admission. Detailed and person-centred care plans were in place addressing the individual needs of the residents, and these were updated within four months or more often where required. Improvements were noted in the care plans for short-stay residents and these now provided adequate detail on the care to be delivered to these residents.

With the exception of the 12 new bedrooms, the premises was generally well maintained. Issues with the floor covering in Melview House had been addressed and this area was in a good state of repair and generally well furnished. There is ample communal space, which is spacious and comfortable for residents to enjoy. The overall layout of the centre, however, is complex. There are three distinct wings, each reflecting a stage in development of the centre. There is bedroom accommodation in the new extension and in the Orchard Wing and communal space is predominantly in Melview House. Most residents are accommodated in the new extension, in which 52 of the 81 beds for which the centre is currently registered are located. As already discussed, plans are in place to increase the number of beds in this area to 64 beds with the addition of 12 single bedrooms. While there is some communal space in this wing, such as an outdoor smoking area on the ground floor, an outdoor balcony on the first floor and a quiet room on the second floor, communal space for all residents is mainly in Melview House. This is not immediately accessible to residents from their bedrooms and this is supported by the observations of the inspector on the day of the inspection. Residents were not seen to avail of this communal space, except for meal times and for organised activities in the ground floor sitting room in the afternoon. Indeed the inspector observed on numerous visits to these areas that the sitting rooms on the first and second floors were not used at all by residents. This was discussed with management at the end of the inspection.

Residents had access to radio, television and newspapers. The religious needs of residents was met through mass being held in the centre fortnightly and the rosary also being facilitated on a fortnightly basis. The needs of other religious denominations were also met. Residents had access to activities Monday to Friday and the programme of activities was varied and interesting. The programme of activities included exercise classes, music, quizzes and bingo. The activity coordinator was supported in the provision of activities by the physiotherapist, a fitness instructor and musicians. However, given the complex design and layout of the centre and the fact that a large number of residents spent their day in their bedrooms, action was required to ensure the activation and socialisation needs of residents were met. This is further discussed under Regulation 9 of this report.

There were measures in place to protect residents against the risk of fire.

Assurances were provided by a competent person that the new bedroom partitions were constructed in accordance with the granted fire safety certificate. There were regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. There were records indicating that preventive maintenance of fire safety equipment was conducted at appropriate intervals. Staff had received fire safety training. While some fire drills were conducted, there was inadequate detail in the drill record to provide assurances that residents could be evacuated from all areas of the centre in a timely manner in the event of a fire. This and other actions in relation to fire safety are addressed under Regulation 28; Fire precautions.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. Staff were knowledgeable of what constituted abuse and what to do in instances of suspected or alleged abuse. Residents were complimentary of staff and all interactions by staff with residents were observed to be respectful.

Regulation 11: Visits

Visitors were observed throughout the day; they were welcomed to the centre by staff and staff actively engaged with and updated them on their relatives care. There were adequate facilities for residents to receive visitors in private and away from their bedrooms, should they so wish.

Judgment: Compliant

Regulation 17: Premises

The balcony on the first floor outdoor area is scalable and remedial works to make the area safe had not commenced on the day of the inspection.

Judgment: Not compliant

Regulation 27: Infection control

As found on the last inspection, action was required in relation to the following:

- a wash hand basin designated for staff use in a housekeeping room did not comply with infection control guidance
- there were taps on a wash hand basin on a corridor that could not be

effectively cleaned due surface damage.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure that adequate systems were in place for the management of fire safety. For example:

- fire detection had not been installed in an electrical cupboard. This was a repeat finding from two previous inspections
- while fire drills were conducted, more detail was required in the drill records and the frequency of drills needed to be increased due to the complex design and layout of the centre that may involve vertical evacuation
- due to dark colouring, the evacuation maps on display were difficult to read and it was not easy to discern the route of travel to the nearest place of relative safety

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of records and speaking with residents relatives and staff it was evident that care plans reflected each resident's needs. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulcers and falls. A comprehensive assessment was completed for residents within 48 hours of admission, in line with the regulations. The inspector saw that assessments and care plans were updated when residents' condition changed.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre were provided with appropriate evidence based healthcare. A physiotherapist was employed full time. There was evidence that residents were referred to other health and social care professionals such as dietitians, speech and language therapist and palliative care services as required. Tissue viability expertise was also available to support nursing staff with the management of wound care. There was a low incidence of pressure ulcer

development in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made

Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required in relation to the activation and socialisation of residents. For example:

- group activities were predominantly conducted in the sitting room on the ground floor of Melview wing. On the day of the inspection, approximately 12 residents were seen to participate in the group activity conducted in the afternoon. There was one activity coordinator and it was not possible for that person to facilitate activities for residents in a meaningful way throughout the centre
- most residents were seen to spend their day in their bedrooms and other than at mealtimes, residents were not observed to avail of the sitting rooms on each of the floors of Melview wing. While the dining rooms on each floor were occupied at mealtimes, the sitting rooms, particularly on the first and second floors were rarely used. This negatively impacts on opportunities for residents to socialise and engage with other residents

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0033073

Date of inspection: 22/11/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: <i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>We currently have one full-time activities coordinator. Our recruitment campaign to recruit additional resources is ongoing. In the interim we are rostering additional HCAs so that they can be allocated to work with the coordinator on ensuring that the residents social, recreational and therapeutic needs are being met. These additional rostered hours enable the coordinator to deliver one-to-one activities with the residents. We also have an in-house full-time physiotherapist who provides both one-to-one physiotherapy and group exercise classes. Furthermore, we are providing music and entertainment from external musicians. Notwithstanding all of this we concur that recruiting additional resources is paramount and therefore our HR team are actively running an advertisement campaign for recruitment process for this role.</p> <p>We now have 3 x WTE CNMs on our roster, this ensures there is a supernumerary management presence in the home 7 days per week. At the time of the inspection we were at 50% occupancy and acknowledge that parts of the building and day spaces were not being utilised due to this. Now that occupancy is increasing, our recently appointed hospitality supervisor is working with the Director of Operations and the PIC in order to further enhance the operationalisation and the utilisation of the dining and day spaces in the entire home. Residents are also involved in this process and their feedback and input is being sought. Our Statement of Purpose has been updated to reflect these staffing updates.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>The Statement of Purpose has been updated with the provision of 3 x CNMs and the post of ADON has been removed. The on-call roster remains in place and is supplemented by a 7 day CNM supernumary roster. On-call in Sonas nursing homes is managed at both a local level and a support office level and thus the home management team is also supported by the on-call quality team roster.</p> <p>The actions set out in the previous compliance plan have now all been achieved. Additional railing has been fitted to the balcony and a fire detector has been fitted in the electrical cupboard. Taps have been replaced where required.</p> <p>All bedrooms are ready for admission of a resident.</p> <p>Following the inspection a further review of all risks and hazards was undertaken by the PIC and the risk register updated to reflect same.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Additional railing has been fitted to the balcony on the first floor and this has been re-risk assessed and deemed safe.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new stainless steel knee operating handwash unit has been fitted in the housekeeping room.</p> <p>New taps have been fitted to the identified wash hand basin.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A smoke detector now been fitted in the electrical cupboard.</p> <p>Fire drill frequency has increased with particular attention to vertical evacuation. The PIC has been supported by the group maintenance (and fire) supervisor. The Quality Manager has supervised a number of these drills and reviewed all records relating to same.</p> <p>Fire safety evacuation plans have been updated</p> <p>Additional directional wall signage is ordered and will be displayed on receipt of same. Resident and visitor feedback will be sought in order to determine if this is sufficient and to their satisfaction.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following the inspection, we carried out surveys and spoke to our residents to ascertain their preferences and views about time in the day spaces, the layout and what potential improvements they would like to see. We have a record of every residents preferences for meals activities and socialising, stating who requires encouragement and who does not want to leave their room by choice. This is reviewed weekly by the CNM to see if we can improve on the day space use. We updated the programme of activities to encourage use of the rooms, including game nights, movie nights (Netflix) and more emphasis on group discussions. We have brought in more external events to encourage social interaction.</p> <p>We are conducting QUIS in the sitting rooms at different times of the day. We have had feedback sessions with our residents and sought their ideas and perspectives. We will continue to do this as occupancy increases from the current 60%.</p> <p>A feedback loop has been established to continuously improve staff interactions based on residents experiences and preferences.</p> <p>We currently have one full-time activities coordinator. Our recruitment campaign to recruit additional resources is ongoing. In the interim we are rostering additional HCAs so that they can be allocated to work with the coordinator on ensuring that the residents social, recreational and therapeutic needs are being met. These additional rostered hours</p>	

enable the coordinator to deliver one-to-one activities with the residents. We also have an in-house full-time physiotherapist who provides both one-to-one physiotherapy and group exercise classes.

Now that occupancy is increasing our recently appointed hospitality supervisor is working with the Director of Operations and the PIC in order to further enhance the operationalisation and the utilisation of the dining and day spaces in the home.

We accept that opening up these new spaces is a big change for both staff and residents and we are committed to working together so that our residents and staff can both effectively use these spaces. In order to manage this change project the PIC is having weekly meetings with all departments heads and is being supported onsite by both the Director of Operations and the Quality Manager. We aim to formally evaluate the project every 4 weeks and plan to have the project complete by the end of quarter two 2024.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Orange	31/03/2024
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.	Not Compliant	Orange	19/01/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	19/01/2024

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	19/01/2024
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	19/01/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	09/02/2024

	case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/02/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30/06/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/06/2024