<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sonas Melview Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000250</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Prior Park, Clonmel, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>052 612 1716</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:melview@sonas.ie">melview@sonas.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Sonas Nursing Homes Management Co. Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John Mangan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>35</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>12</td>
</tr>
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</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>18 January 2016 10:00</td>
<td>18 January 2016 17:30</td>
</tr>
<tr>
<td>19 January 2016 09:30</td>
<td>19 January 2016 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority’s Regulation Directorate.
As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The safety of residents was promoted. A risk management process was in place for all areas of the centre although improvement was required to the risk management policy. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. Fire procedures were robust.

There was evidence of safe staff recruitment practices. Improvement was required to ensure that volunteers and outsourced service providers had their roles and responsibilities set out in writing.

The dining experience was pleasant and residents were treated with respect and dignity by staff. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. However residents still could not access independent advocacy services.

Improvements were noted to the premises but some additional work was required to ensure that it met the residents' individual and collective needs.

These are discussed further in the report and included in the action plan at the end.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the statement of purpose, which had recently been updated, met the requirements of the Regulations. It accurately described the service that was provided in the centre.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of
Audits were being completed on several areas such as care planning, meals and mealtimes, medication management, infection control and complaints. The results of these audits were shared with all staff at team meetings.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example, it was identified at the infection control audit that staff required additional guidance on hand washing. This had been delivered and the inspector saw that reminders were now located at wash hand basins.

There was evidence that the annual review as required by the Regulations was being carried out. This had been identified as an area for improvement at the last inspection. The inspector saw that this included summaries of audits completed on areas such as infection control and falls. The summaries from resident and relative satisfaction surveys were also included.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged. This had been identified as an area for improvement at the previous inspection.

The inspector read the Residents' Guide and noted that it met the requirements of the Regulations.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of
Theme: Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge is a registered nurse and has the required experience in nursing older people.

The person in charge had maintained his continuous professional development having previously completed a master's course in business administration and management. He continues to attend clinical courses such as end of life care and dementia care.

During the inspection he demonstrated his knowledge of the Regulations and the Standards and outlined plans in place to further improve the service. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection and it was obvious that he was well known to all.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme: Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.
The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

All information requested by the inspector was readily available.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. To date this had not been necessary.

The clinical nurse manager deputises for the person in charge in her absence. She was on extended leave at the time of inspection. The inspector interviewed the nurse who was deputising in her place and found that she was aware of her responsibilities and had up to date knowledge of the Regulations and Standards.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken with confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

A restraint-free environment was promoted and the usage of bedrails was low. The inspector noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. Half hourly safety checks were completed when in use. The person in charge discussed plans to introduce new documentation to record additional detail when the safety checks were carried out. The inspector saw there was a policy in place to guide practice.

Because of their conditions, some residents had episodes of behaviour that challenged. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached a resident with behaviour that challenged in a sensitive and appropriate manner and the resident responded positively to the techniques used by staff. The inspector saw that additional support and advice were available to staff from the psychiatry of later life services.

Residents’ monies continued to be managed in a safe and transparent way, guided by a policy.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that the provider and person in charge had prioritised the
The inspector saw evidence that the actions from the previous inspection had been carried out although additional work was required to the risk management policy to ensure it met the requirements of the Regulations.

The inspector read the risk management policy and saw that additional information was required. For example it did not outline the measures and actions in place to control the specified risks such as self harm, unexplained absence or aggression and violence.

Otherwise the inspector was satisfied regarding health and safety. There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on all areas of the centre. This had been identified as an area for improvement at the last inspection.

Adequate fire safety procedures were now in place. The fire alarm system and equipment had regular servicing. Fire drills were carried out on a monthly basis and new documentation was introduced to review each drill and any corrective actions required. The inspector noted that the fire alarm system was in order and fire exits, which had daily checks, were unobstructed. Staff spoken with were aware of the procedure to follow in the event of a fire.

All staff had attended fire training and a staff member had now received additional training to act as a fire warden and provide training to staff.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
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<tbody>
<tr>
<td>Each resident is protected by the designated centre’s policies and procedures for medication management.</td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that each resident was protected by the centre's procedures for medication management.

Previous action required relating to medication management had been addressed. The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Improvements required relating to
transcription and prescription signatures had been addressed and administration records were in order. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector checked a sample of balances and found them to be correct. End of shift balance checks were completed.

A secure fridge was provided for medications that required specific temperature control. This was now locked which was identified as an area for improvement at the previous inspection. The inspector noted that the temperatures which had daily checks were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

All nursing staff had attended training and staff spoken with confirmed how beneficial this was.

**Judgment:**
Compliant

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**Outcome 10: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Authority regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge and provider had developed a monitoring system and all incidents were analysed for the purposes of learning.

**Judgment:**
Compliant
Outcome 11: Health and Social Care Needs

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident’s assessed needs were set out in individual care plans. Relatives and residents confirmed their involvement at development and review.

The inspector reviewed the management of some clinical issues and found they were well managed. The inspector reviewed the procedure for wound management and found that assessment and treatment plans were in place. Additional advice and support was available from tissue viability nurses if required. Appropriate equipment was also available. The person in charge discussed plans afoot to provide additional documentation to guide staff on using the correct settings for specialised mattresses.

An evidence-based assessment tool was used to assess residents’ risk of falls on admission and monthly thereafter. The incidence of falls was monitored on an ongoing basis. Following a fall, residents were re-assessed using the evidence based tool and a full review was undertaken including review by a physiotherapist who attended the centre twice weekly for individual and group sessions.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), and occupational therapy (OT) services. Chiropody and optical services were provided in house. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes. Where appropriate care plans were put in place to address the recommendations.

Residents were seen enjoying various activities during the inspection. This is discussed in more detail under Outcome 16.
Outcomes 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector was satisfied that although the original part of the premises continued to pose challenges in relation to the provision of care, significant improvements had been made in relation to maximising residents' private and communal space.

This centre was a three-storey over-basement structure; resident accommodation was provided on the ground, first and second floors. The basement area primarily accommodated service areas, staff facilities and administration offices. Lifts were in operation.

In total now there are 18 single bedrooms, 16 of which have en suite shower, toilet and wash hand basin facilities. There are 7 twin rooms, two of which have en suite facilities and four three bedded rooms. There are an additional three single rooms with en suite facilities being renovated and ready for occupancy in the coming weeks. They are included in this application bringing the total bed compliment applied for to 47.

The basement was accessed from the ground floor by means of a restricted stairwell and accommodated the main kitchen and ancillary stores, offices for the person in charge, quiet room, staff changing, dining and toilet and shower facilities. Separate changing and toilet facilities were provided for catering staff.

The first and second floors are accessed by lifts and stairwells.

It was noted at the previous inspection that many parts of the original building, which is an architecturally significant listed building, required renovation and redecoration as the décor was dated. The inspector saw that efforts were made to address this. New carpets and floor coverings were provided. Additional storage facilities were now in place.

Renovations had taken place to the toilets and new floor covering was provided in these
areas. Improvements had also been made to the ventilation. Grab rails had been secured.

Appropriate assistive equipment was provided to meet residents’ needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for the equipment and found they were up-to-date.

The provider and person in charge acknowledged the difficulties in making the design and layout of the premises suitable for its stated purpose. Ideally additional communal space should be available. The layout of some of the areas did not meet the residents’ individual and collective needs in a homely way. The smoking area required improvement. Although equipped sluice rooms were provided, they were small. Some of the walls in the original structure were in need of repainting. Areas such as the bottom of the stairs in the basement needed to be finished to an acceptable standard.

Costed plans were in place to address these by extending the premises. The Authority had received confirmation of this with an expected completion date of March 2017. This will then allow unsuitable areas of the original premises to be decommissioned as resident accommodation.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Complaints procedures**

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The complaints' policy was in place and the inspector noted that it met the requirements of the Regulations.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. They discussed how any complaint received was treated in the same robust fashion. Some verbal complaints were recorded in an informal complaints' log but these were managed in the same robust fashion as any formal complaint.

The inspector saw that the complaints' log contained details of the complaints, the outcome of the complaint and the complainants’ level of satisfaction with the outcome. The number of complaints received was minimal.
Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. This centre had undertaken improvements as part of the thematic inspection process.

The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector also saw that residents’ dignity and autonomy were respected. The inspector saw that the person in charge had completed an audit of bereaved relatives. Relatives stated they were satisfied with the service provided and how they were grateful to the staff for the reverence and respect shown.

Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life.

The end-of-life policy was comprehensive, evidence-based and the inspector was satisfied that it guided practice. The person in charge stated that the centre received support from the local palliative care team if required.

Additional equipment had been purchased to improve the level of respect shown to the deceased including a bedside locker with the necessary religious artefacts.

There was a procedure in place for the return of possessions and a handover bag was used. The provider discussed plans to provide additional training to staff to ensure they were familiar with the policy and the equipment and resources available.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents’ food intake and fluid balance were accurately completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector saw that residents had been reviewed by a speech and language therapist when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies. The inspector saw that residents who required their meal in an altered consistency had adequate choices available to them.

The menu had been reviewed by a dietician to ensure that it was sufficiently wholesome and nutritious. The inspector saw that the menu was reviewed on a three monthly basis following consultation with the residents.

The inspector saw that snacks and drinks were readily available throughout the inspection. The inspector also observed some residents making themselves a cup of tea and a resident offered to make a cup for the inspector.

**Judgment:**
Compliant
**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. However improvement was still required to ensure that residents could access independent advocacy services.

This had been identified at the previous inspection. The inspector saw that some attempt had been made. Some relatives had become involved and plans were afoot for them to meet with residents as required. However no arrangements were in place for residents to have access to independent advocacy services as required by the Regulations.

There was a residents' group in place. Residents were encouraged and facilitated to be involved in the running of the centre. The inspector read the minutes and saw where recommendations had been made and were implemented. For example, the inspector saw that residents had requested that mushroom soup and pavlova be included on the menus. The inspector saw that this was now in place.

The inspector saw staff knocking on bedroom and bathroom doors and waiting for permission to enter. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents’ civil and religious rights were respected. The person in charge confirmed that he has already ensured that all residents who wish it are registered to vote. In-house polling will be provided if needed. Mass took place on a weekly basis. Although not currently required the provider and person in charge said that residents from all religious denominations will be supported to practice their religious beliefs.

Newspapers, magazines, television, telephone and internet were also provided for within the centre. One resident told the inspector that she would like a telephone in her room and when asked, the provider said he would have this in place within two weeks.
There was an extensive range of activities available within the centre. A programme of events was on display and included bingo, music, arts and crafts and many others. One resident told the inspector she was busy knitting and had often taken part in knitting specific items for charity. Another resident told the inspector how much he liked going out to town or off on daily trips to local towns. He described how much better he felt when he was able to do this. Card games were popular particularly among the men.

**Judgment:**
Non Compliant - Moderate

### Outcome 17: Residents' clothing and personal property and possessions

*Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents could have their laundry processed in the centre. The inspector visited the laundry which was organised and well equipped. The staff member spoken with was knowledgeable about the different processes for different categories of laundry.

There was a reasonable amount of space for residents’ possessions including a lockable space. The inspector noted that at one residents' meeting, a resident had requested a bigger wardrobe and this had been provided. Residents and relatives spoken with confirmed that they were happy with the service provided.

**Judgment:**
Compliant

### Outcome 18: Suitable Staffing

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**
Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. However additional work was required to ensure staff the regulatory requirements regarding volunteers were met.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The provider and person in charge stated that appropriate vetting was in progress. However their roles and responsibilities were not set out in writing as required by the Regulations.

The inspector examined a sample of staff files and found they met the requirements of the Regulations. A robust recruitment policy was in place.

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. Up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in end of life care, the management of challenging behaviours and infection control.

The inspector saw evidence that all staff had attended training in moving and handling and this had been identified as an area for improvement at the last inspection.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.
Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name</th>
<th>Sonas Melview Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000250</td>
</tr>
<tr>
<td>Date of inspection</td>
<td>18/01/2016 and 19/01/2016</td>
</tr>
<tr>
<td>Date of response</td>
<td>21/01/2016</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control abuse.

1. Action Required:
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Policy updated showing the measures and actions in place to control abuse.

**Proposed Timescale:** 21/01/2016  
**Theme:**  
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The risk management policy did not include the measures and actions in place to control the unexplained absence of any resident.

**2. Action Required:**  
Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

Please state the actions you have taken or are planning to take:  
The risk management policy now includes the measures and actions in place to control the unexplained absence of any resident.

**Proposed Timescale:** 21/01/2016  
**Theme:**  
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

**3. Action Required:**  
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:  
Policy is updated and now include the measures and actions in place to control accidental injury to residents, visitors or staff.

**Proposed Timescale:** 21/01/2016  
**Theme:**  
Safe care and support
4. **Action Required:**
Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
The risk management policy now includes the measures and actions in place to control aggression and violence.

**Proposed Timescale:** 21/01/2016

**Theme:**
Safe care and support

5. **Action Required:**
Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
Policy updated to include measures and actions to control self-harm.

**Proposed Timescale:** 21/01/2016

**Theme:**
Safe care and support

6. **Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording,
investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
Policy updated with the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Proposed Timescale:** 22/01/2016

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some parts of the premises were in need of repair. The layout made it difficult to meet residents' individual and collective needs in a comfortable and homely way.

**7. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
Room painted and décor changed in rooms 22/1/16. Basement area under stair work will be completed 30/1/16.

**Proposed Timescale:** 30/01/2016

### Outcome 16: Residents' Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have access to independent advocacy services.

**8. Action Required:**
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

**Please state the actions you have taken or are planning to take:**
Independent advocacy services will be in placed before 15/2/16
Proposed Timescale: 15/02/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Volunteers and service providers did not have their roles and responsibilities set out in writing as required by the Regulations.

9. Action Required:
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:
The roles and responsibilities of all volunteers will be compiled before month end.

Proposed Timescale: 29/01/2016