



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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Ashborough
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Lyre Road, Milltown, Kerry
Type of inspection:	Announced
Date of inspection:	14 August 2024
Centre ID:	OSV-0000194
Fieldwork ID:	MON-0041272

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
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How we inspect

To prepare for this inspection the inspector or 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 14 August 2024	09:10hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Sonas Nursing Home Ashborough is a well-established centre, where residents were supported to enjoy a good quality of life. It was evident that there was a very high level of satisfaction with the care and the services which residents received and that their rights were respected. Residents spoke extremely positive about their experience of living in the centre and were complementary about the support and care provided by staff. The inspector met with the majority of residents living in the centre and spoke in more detail to fifteen residents, to gain an insight into their daily life and experiences. The overall feedback from residents was that they were happy living in the centre and that staff were professional, dedicated to their work and kind. One resident told the inspector that staff were "wonderful" and another described staff as "outstanding". The inspector found that residents received a high standard of care in the centre from a team of staff, who were knowledgeable regarding residents' individual preferences.

The centre is set on well maintained grounds in the town of Milltown, County Kerry. The inspector noted that there was a warm and welcoming atmosphere in the centre throughout the day. At the entrance to there was a bright foyer with comfortable armchairs, where some residents chose to sit and relax during the day. There was also a bright colourful fish tank, a bird cage and a notice board for residents in this area which displayed information such as how to make a complaint, advocacy services, menus, and the activity schedule. The kitchen and main nurses' station were also situated in this area, and were open plan. Residents and visitors were seen to relax in this area during the day chatting with staff or sitting reading the paper.

The designated centre is a purpose-built, single-storey facility with accommodation for 58 residents, in 54 single and two twin bedrooms, all of which have en-suite facilities. There were 57 residents in the centre on the day of this inspection. Each of these bedrooms have individual kitchenettes, which included a refrigerator, sink and washing machine, for residents use. Two residents told the inspector that they loved that there washing was done in their bedrooms and that their family could make a cup of tea when they came to visit. Some residents also chose to do maintain their independence and wash their own clothes in their rooms.

The centre is divided into four distinct units, all depicting names of flowers, Daffodil, Heather, Jasmine and Camilla. Each of these units had their own communal space which included a sitting and a dining area. The inspector saw that these were decorated in a very homely style with table clothes, flat screen televisions, comfortable furnishing. There was also access to the gardens from these communal rooms. The inspector noted that at two of the exits to the garden the release button for the door was above the door frame, therefore, it may be difficult to reach for some residents. The management team agreed to relocate this following the inspection. As well as the communal space in each of the suites residents also had

access to a large bright day room/hall, with floor to ceiling windows, overlooking the garden.

The inspector observed that the premises and external grounds were very well maintained and ongoing improvements were taking place, such as upgrades to flooring on each unit and installation of a new kitchen in one of the units. Signage in the centre had also recently been upgraded which helped to orientate residents, and facilitate them to move around the building independently. The inspector observed that the corridors were nicely decorated with pictures and art work. The majority of residents' bedrooms were homely and personalised. Residents were encouraged to bring in their personal furniture, pictures and memorabilia. Communal rooms were nicely furnished, laid out in a homely style, whilst retaining a friendly, social atmosphere. The environment was well maintained and exceptionally clean.

The inspector observed interactions between the staff and residents throughout the day and found that they were warm, respectful and person-centred. Staff spoken with told the inspector how they enjoyed getting to know residents and their families. It was evident that staff knew the residents well, and were knowledgeable about the levels of support and interventions that were needed, to engage with residents effectively. Residents appeared well-cared for, neatly dressed and groomed in accordance with their preferences. Residents who chose to stay in their bedrooms were seen to be checked regularly and they said that their choice was always respected. Communal rooms within the centre were well supervised during the day and residents were responded to promptly when they called for assistance. There was a volunteer working in the centre on the day of this inspection who the inspector met with. They attended the centre twice a week and assisted with activities and visited residents in their room for a chat.

The inspector spent time observing the lunch time meal on each unit and saw and that the dining tables were rooms nicely decorated with table cloths and condiments. The daily menu was displayed and it was evident that there was a choice available for each course. Residents told the inspector that they always had a choice of meals and were very complimentary regarding the quality of food provided. The inspector observed that staff provided assistance to residents who required it in a respectful and dignified manner. Residents told the inspector that they enjoyed coming to the dining room. From a review of residents meeting and discussions from staff it was evident that residents had requested round tables and these had been ordered.

There was a relaxed and friendly atmosphere in the centre throughout the day. Residents were heard calling staff by their names and the person in charge was well known to residents. Some residents were seen to be mobilising independently, while others were observed using mobility aids. Hand rails were in place along all corridors of the centre and in resident bathrooms, to enable residents to mobilise safely and independently. One resident told the inspector how they really appreciated the physiotherapy services which were available in the centre three days per week.

As part of this announced inspection process, residents and relatives were provided with questionnaires to complete, to obtain their feedback on the services provided.

In total, ten residents and one relative completed the questionnaires. Overall, residents conveyed that they were very happy living in the centre and described staff as professional, caring, and friendly. One resident described the centre as "very well run" and stated that they loved that they got "personal attention from staff", while another stated that the centre "was homely and they had made friends with other residents and staff". All feedback received was positive.

Residents' expressed high levels of satisfaction with the centres activities programme and team. The two activity co-ordinators working on the day led both one-to-one and group activities with residents in the centre and activities were scheduled over the seven days of the week. The weekly activities programme was displayed in the reception area and in each residents room and included things like chair aerobics, mass, singing and games. In the afternoon, a lively external musician played in the main hall and many residents, as well as their visitors, appeared to enjoy this. Mass was held once a month in the centre and a number of residents prayed the rosary together each evening. Residents told the inspector that there was always plenty for them to do in the centre.

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

Capacity and capability

This was an announced inspection carried out over one day to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, findings of this inspection were that this was a good service and a well-managed centre, run by a dedicated management team and staff, who worked hard to ensure that residents received high quality, person centred care and support. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified.

The registered provider of the centre is Sonas Nursing Homes Management Co. Limited which comprises of six directors. The directors are also involved in the operation of eleven other nursing homes throughout Ireland. The provider also employs a Quality manager and a Director of Quality and governance to oversee the clinical care in the centre. Both of these people attend the centre for governance meetings and are named on the centres registration as persons participating in management. The person in charge informed the inspector they were also available to them on a daily basis. The management team was observed to have strong communication channels and a team-based approach to care delivery.

On a daily basis care was directed by an experienced person in charge, who provided good leadership to the team and was well-known to residents. They were supported in the role by an assistant director of nursing, a clinical nurse manager

and the extended team of nurses, care assistants, catering, maintenance, and administration, activities and housekeeping staff. The management team communicated with staff regularly, during daily meeting twice a day and at formal meetings. There were arrangements in place to provide supervision and support to staff through senior management presence, induction processes and formal performance appraisals. The management structure within the centre was clear and staff were all aware of their roles and responsibilities.

The inspector found that the provider ensured the service was resourced and effectively monitored so that residents received good quality, safe care and services. The provider, management team and staff focused on promoting residents' choices and rights.

From a review of the rosters and discussions with residents and staff it was found that there were an appropriate number and skill mix of staff available to meet the needs of the 57 residents living in the centre and for the size and layout of the centre. There was a minimum of two nurses on duty over 24 hours. Staff members spoken with by the inspector were knowledgeable of residents and their individual needs.

A comprehensive training programme was in place for all grades of staff. Staff were facilitated to attend training appropriate to their role. Staff demonstrated an appropriate awareness of their training and their roles and responsibilities with regard to safeguarding residents from abuse, infection prevention and control and responsive behaviours. A sample of staff personnel files were reviewed by the inspector. There was evidence that each staff member had a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on file, prior to commencing employment. Records pertaining to a volunteers who attended the centre were found to include a description of their roles, which is a regulatory requirement.

Written policies and procedure as set out in Schedule 5 of the regulations were in place and in date. Complaints were recorded and managed in line with the regulations. Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. A comprehensive annual review of the quality and safety of care provided to residents in 2023 had been prepared in consultation with residents. It was evident that feedback from residents and families was encouraged and used to inform ongoing quality improvements in the centre. For example residents had requested round dining tables and these had been purchased and had requested a new microphone system for events in the hall.

There were management systems in place to monitor the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits and monitoring of weekly quality of care indicators such as the incidence of pressure wounds, restrictive practices, infections and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop improvement action plans. These were discussed at governance meetings and staff meetings held in the centre. There was evidence of good governance and oversight of the centre via meetings,

where issues such as human resources, incidents, and key performance indicators were discussed and monitored. Weekly reports were sent to the senior management team by the person in charge. These robust systems ensured a high standard of clinical oversight, thus ensuring the standard of clinical care and quality of life for residents was optimised in the centre.

Regulation 14: Persons in charge

The person in charge was full time in post and had been in the role for 15 years. They had the necessary experience and qualifications, as required by the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and from observations of the inspector it was evident that the current staffing levels and skill-mix were adequate to meet the assessed needs of the residents. There were two registered nurses on duty day and night. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date mandatory training and other training relevant to their role. Arrangements were in place for the ongoing supervision of staff by the management team. Manual handling training was available for staff on a one-to-one basis in the centre from the physiotherapist.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A sample of four personnel records indicated that for each staff member there was a full and comprehensive employment history available, references were obtained including a reference from their most recent employer and Garda (police) vetting was in place. These are all requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management of the service was robust. There were clear lines of accountability and responsibility in place so that staff were aware of their role and responsibilities and to whom they were accountable. There were effective management systems in place to monitor the quality and safety of care provided to residents. The provider ensured that the centre had sufficient resources to ensure the effective delivery of care. An annual review for 2023 had been prepared of the quality and safety of care delivered to residents in the designated centre, to ensure that such care is in accordance with relevant standards.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the fees, if any, to be charged for such services, as per the requirements of the regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer working in the centre. Garda (Police) vetting was in place for this member of staff and they had their roles and responsibilities set out in writing, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with were aware how to raise a complaint. Complaints received were appropriately recorded, investigated and the outcome was discussed with the complainant. An appeals procedure was in place. Information on the complaints procedure was on display in a prominent position within the centre and methods of accessing support was communicated to residents at meetings.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place and were updated in accordance with changing guidance. These were updated at a minimum of three yearly and were available to staff.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents living in Sonas Nursing Home Ashborough were supported to enjoy a good quality of life and were in receipt of a high standard of care. Residents' needs were being met through good access to health care services and good opportunities for social engagement. It was evident that residents received person-centred and safe care, from a team of staff who knew their individual needs and respected their choices.

Residents had access to a number of local general practitioners providing medical services to the centre and out-of-hours medical cover was also available. There was evidence of appropriate referral to and review by health and social care

professionals where required, for example, dietitian, speech and language therapist and chiropodist. A physiotherapist was on-site three days a week to assess and review residents mobility as required. Nurses had access to expertise in tissue viability when required. The centre also had access to the Kerry Integrated Care Programme for Older Persons (ICPOP) via the Health Service Executive. This service provided residents access to a multidisciplinary healthcare team, including a geriatrician. The aim being to manage these residents within the centre, and avoid hospital attendance.

Residents nursing and care needs were comprehensively assessed and were met to a high standard. Monitoring procedures were in place to ensure any deterioration in residents' health or well being was identified without delay. Resident's care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented, in consultation with the resident. Where appropriate, records evidenced that families were also consulted with. There was a low incidence of pressure ulcer formation in the centre and wound care practices reviewed were found to be in line with best practice guidelines. A good standard of care was provided to all residents at their end of life. Residents' end of life wishes were discussed with them and recorded in their care plan. Detailed information on physical, psychological, social, spiritual preferences were documented.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services to ensure best outcomes for residents. Where specific dietary requirements were prescribed, they were seen to be implemented.

There was an ongoing initiative to reduce the use of restrictive practices in the centre, through ongoing assessment of resident's needs. This had contributed to moving towards a restraint free environment. The number of bedrails in use had decreased from 29% to 12% in the centre in the past few months. There was evidence that other alternatives to restraint had been tried or considered to ensure that bed rails were the least restrictive form of restraint. Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken, and documentation on care plans included relevant consent forms. A restrictive practice newsletter and a safeguarding newsletter had been prepared for residents and families to inform them of all relevant information on each subject and to assist them with decisions.

Risk management systems were underpinned by the centre's risk management policy which detailed the systems to monitor and respond to risks, that may impact on the safety and welfare of residents. A risk register had been established to include potential risks to residents' safety.

Residents rights were promoted and respected in the centre. A review of residents meetings evidenced that residents had been provided with safeguarding workshops in the centre and they had requested more quizzes and exercise classes and these

requests had been acted on. Days out of the centre were facilitated to Killarney and Muckcross House in the last few months.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate effectively.

Judgment: Compliant

Regulation 12: Personal possessions

There were adequate arrangements in place for the management of residents' personal possessions. Each resident had sufficient space for storing personal possessions in their bedroom including wardrobe space, a chest of drawers and a bedside locker with a lockable drawer. Residents' clothing was washed in their bedrooms using their individual washing machines. The inspector was informed that their were proposed plans to remove washing machines in residents bedrooms and construct facilities on site in the future. The inspector was assured that these facilities would not be changed without first consulting with residents.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that residents' end of life care wishes were recorded to ensure that care and support was in accordance with their personal wishes and preferences. There was involvement of the community palliative care team, when required, in conjunction with the general practitioner.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the individual and collective needs of residents and was clean and well maintained and it met the requirements of Schedule 6 of the regulations. There was a full time maintenance person employed

in the centre, who had good oversight of the premises. Bedroom and communal areas were clean and bright with comfortable furnishings.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were monitored for weight loss and were provided with access to dietetic and speech and language services when required. A varied menu was available daily, providing a choices to all residents including those on a modified consistency diet. Staff were available to provide residents with assistance at mealtimes in the dining room and in their bedrooms. The dining experience for residents had been enhanced since the previous inspection as part of a quality improvement plan.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was available in the centre and contained information regarding the services and facilities in the centre, the arrangements for visits, the complaints procedure and information regarding independent advocacy services.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were two sluicing facility on the premises which were clean and well maintained. There were

two cleaning staff on duty daily. These staff members were knowledgeable about cleaning practices, processes and chemical use. Handwashing facilities were available for staff on each of the four suites.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of records and speaking with residents and staff it was evident that the standard of care planning was good. 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. Assessments and care plans were updated when residents' condition changed or every four months, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways and access to allied health and social care professionals. There was a very low incidence of pressure ulcers being acquired in the centre. There was also access to mobile X-ray services which in some instances eliminated the necessity of admission to accident and emergency services for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy. The person in charge ensured that staff were provided with up-to-date knowledge and skills to respond and manage responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. Access release buttons to

two of the gardens were found to be hard to access. The management team agreed to address this following the inspection. This was to ensure that residents were encouraged and supported to optimise their independence where possible and have free access to safe outdoor space.

Judgment: Compliant

Regulation 9: Residents' rights

Management and staff promoted and respected the rights and choices of resident's living in the centre. There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre. Resident meetings were held regularly and well attended and issues identified were addressed. Dedicated activity staff implemented a varied and interesting schedule of activities over seven days per week. Residents had access to independent advocacy services. Residents had access to media such as radio, television and wireless Internet access.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant