

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

Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Carrick-on-Suir
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Waterford Road, Carrick-on-Suir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 February 2025
Centre ID:	OSV-0007883
Fieldwork ID:	MON-0042238

About the designated centre

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

Sonas Nursing Home Carrick-on Suir is located a five minute walk from the town centre and serves the local community of approximately 12,000 people. The nursing home is a purpose-built care home that provides accommodation for 53 residents in mostly single-bed accommodation with some twin rooms available. There are two internal landscaped courtyards with outdoor seating provided. Bedroom accommodation provides bright en-suite rooms with built-in safety features such as a call-bell system, fire doors with safety closures, wheelchair accessible bathrooms, grab-rails, profiling beds, television and private telephone line. There are two open plan living rooms, a family room and an oratory. Care and services are provide to both male and female residents over the age of 65 and those under 65 may be accommodated, if the centre can meet their assessed needs. Residents with low to maximum dependencies can be accommodated. Nursing care is provided to residents who require long-term care, convalescent, respite or palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 February 2025	09:00hrs to 17:00hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection, the inspector spoke with residents, staff and visitors to gain insight into what it was like to live in Sonas Nursing Home. The inspector spent time in the centre observing the residents' daily life in order to understand the lived experiences of the residents. The inspector spoke in detail with nine residents and two visitors. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared appropriately dressed and well-groomed. Residents and visitors expressed their satisfaction with staff, staffing levels, activities, the quality of the food and attention to personal care.

Sonas Nursing Home is a single-storey designated centre, registered to provide care for 55 residents on the outskirts of the town of Carrick-on-Suir, County Tipperary. There were 55 residents living in the centre on the day of the inspection. The centre was divided into six compartment corridor areas which were called after local areas; Comeragh, East Munster, Old bridge, Ormonde Castle, River Suir, and Slievenamon.

The design and layout of the premises met the individual and communal needs of the residents. The building was well-lit, warm and adequately ventilated throughout. Residents had access to communal spaces which included two large day rooms containing dining and sitting areas, a family room, a visitor's room, a quiet room, a partitioned corridor seated area, a multipurpose room and an oratory. The environment was homely, clean and tastefully decorated. Armchairs were available in all communal areas and corridor alcove areas.

Bedroom accommodation in the centre consisted of 49 single and three twin bedrooms, all with en-suite facilities. The privacy and dignity of the residents in the multi-occupancy rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

The centre had a production kitchen, laundry, and a staff area which included changing facilities. There was an outdoor smoking shelter for residents who chose to smoke. There was an on-going schedule of works taking place to maintain the premises.

Residents had access to internal courtyard garden areas from corridor areas. The enclosed outdoor spaces were readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required. The courtyards had level paving, comfortable seating, tables and flower-beds.

The inspector observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day.

and it was evident that residents had good relationships with staff and residents had build up friendships with each other. On the day of inspection, the inspector observed many instances of laughter and good rapport between staff and residents.

The inspector observed many examples of kind, discreet, and person-centred interventions throughout the days of inspection. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents were very complimentary of the person in charge, staff and services they received. Residents said they felt safe and trusted staff. The inspector observed staff treating residents with dignity during interactions throughout the day.

At midday, the inspector observed the daily safety pause taking place. The assistant person in charge lead the discussion and all staff on duty attended. This safety pause provided a forum for staff to highlight any specific resident's care needs and to discuss the importance of nutrition, hydration, skin care, safeguarding of residents and resident safety checks.

All residents with whom the inspector spoke, were very complimentary of the home-cooked food and the dining experience in the centre. Residents said that they enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. The daily and weekly menus were displayed in both dining rooms. There was a choice of two options available for the main meal. The inspector observed the dining experience for residents in the Clancy room. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The registered provider had staff dedicated to activities across seven days. Residents were observed taking part in a quiz in the afternoon. Residents who spoken with the inspector said they were very happy with the activities programme provided and told the inspector that the activities suited their social needs. The daily activities programme was displayed in both dining rooms. The inspector observed staff and residents having good humoured exchanges throughout the day and observed staff chatting with residents about their personal interests and family members. The inspector observed many residents walking with their visitors around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, games and magazines were available to residents. Residents confirmed that they had access to internet services in the centre. Visits and outings were encouraged and practical precautions were in place to manage any associated risks.

Visitors who spoke with the inspector spoke with were complimentary of the care and attention received by their loved one. Visits took place in communal areas and the residents' bedrooms. There was no booking system for visits and the residents who spoke with the inspector confirmed that their relatives and friends could visit anytime.

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

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

Capacity and capability

The inspector found that there had been improvements in governance and management systems since the previous inspection which resulted in a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in September 2024. Improvements were found in care planning, healthcare, safeguarding residents, residents rights, the premises, management systems, infection prevention and control and notifications. On this inspection, the inspector found that areas of improvement were required in relation to governance and management , as well as infection prevention and control.

Sonas Asset Holding Limited was the registered provider for Sonas Nursing Home Carrick-on-Suir which was one of 12 designated centres in the group. The company had four directors, one of whom was the registered provider representative. The person in charge worked full-time and was supported by an assistant person in charge, senior nurses, a team of nurses and healthcare assistants, social care practitioners, 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. The person in charge was supported by a quality and governance manager, as well as a quality manager.

On the day of inspection, sufficient staff were on duty to meet the needs of residents living in the centre. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and the inspector noted that training was mostly up to date. Staff with whom the inspector spoke, were knowledgeable regarding safeguarding and infection prevention and control procedures. Fire training took place in the centre on the day of inspection.

Records and documentation, both manual and electronic, were well-presented and organised which supported effective care and management systems in the centre. The inspector reviewed staff files which contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff in the designated centre.

Since the previous inspection, the inspector observed improvements in the management systems for safeguarding procedures, auditing procedures and incidents to monitor the centre's quality and safety. The inspector viewed records of clinical governance meetings, staff meetings and daily safety pause meetings which had taken place since the previous inspection. Quality and safety meetings took place every six months, Governance meetings took place each month, staff meetings took place quarterly and head of department meetings took place weekly in the centre. The person in charge completed a weekly key performance indicator (KPI) report which was discussed with the quality manager. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection falls audits, meal time audits, care planning audits, catering audits, and medication audits had been completed. A detailed annual review for 2024 was completed and available during the inspection. It outlined the improvements completed in 2024 and improvement plans for 2025. Although improvements and good practices were identified in the oversight of systems, further improvements were required in staff resources in the centre. This is discussed under Regulation 23: Governance and management.

Improvements were found in the notification of incidents. Incidents and reports as set out in schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified since the centre was registered and found these were managed in accordance with the centre's policies.

The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents who spoke with the inspector were aware of how to make a complaint and to whom a complaint could be made.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurse on duty in the centre at all times for the number of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging, as well as infection prevention and control. 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. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

While sufficient staff were working in the centre to meet the needs of the residents on the day of inspection, the provider was required to maintain staffing in line with the statement of purpose, which Sonas Assets Holdings Ltd was registered against. For example:

- While there was an ongoing recruitment process for staffing in the centre, rosters viewed by the inspector showed that there was a vacant clinical nurse manager post and a vacant senior staff nurse post.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in this centre enjoyed a good quality of life. Staff were seen to be respectful and courteous towards residents. Good positive interactions between staff and residents were observed during the inspection. On this inspection, further improvements were required to comply with an area of infection prevention and control.

Improvements were found in individual assessment and care planning. The inspector viewed a sample of residents' notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by the inspector were generally person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident.

Improvements were found in the premises of the centre. Room 39 was observed in use as a multipurpose room which allowed for sufficient communal space for all the residents living in the centre. The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Improvements were found to the premises since the previous inspection. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

There were good routines and schedules for cleaning and decontamination. Alcohol hand gel was available in all communal rooms and corridors. Personal protective

equipment (PPE) stations were available on all corridors to store PPE. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which mitigated a risk of cross contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. IPC audits were carried out by the person in charge. There were up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. Improvements were required in relation to the infection prevention and control which are discussed further under Regulation 27: Infection control.

The centre had a risk management policy that contained actions and measures to control specified risks. The centre had a risk register which had been reviewed and updated in December 2024. The risk register contained site-specific risks such as risks associated with individual residents and centre-specific risks, for example; risk of residents falling , infection prevention and control risks and risk associated with fire safety. The risk register met the criteria set out in Regulation 26.

Improvements were found in the documentation for residents to ensure that when a resident was transferred or discharged from the designated centre, that their specific care needs were appropriately documented and communicated to ensure the resident's safety. The inspector observed an evidence based transfer document completed for residents who had transferred to hospital. The documents contained all the relevant information about residents who had transferred, including infection status, medications and communication difficulties where relevant.

Improvements were found with adherence to systems for responding to allegations of abuse. The person in charge had responded to allegations of abuse in line with the centre's safeguarding policy. The centre had arrangements in place to protect residents from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff who spoke the inspector stated they would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in place to ensure staff were Garda vetted prior to employment. The provider did not act as a pension agent for any residents.

There was a rights-based approach to care in this centre. The inspector observed a wardrobe and a set of drawers outside the bed space of one of the residents in a twin room. Whilst the residents belongings were outside their bedspace the provider was taking a person-centred approach to allow the resident who was visually impaired to access their belonging with ease when going to the bathroom. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents

had access to daily national newspapers, weekly local newspapers, internet services, books, televisions, and radios. Mass took place in the centre on a weekly basis. Residents had access to an oratory room in the centre.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

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

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of shelves in the cleaners store room was required as staff could not effectively clean the shelves. This posed a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Carrick-on-Suir OSV-0007883

Inspection ID: MON-0042238

Date of inspection: 05/02/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The SOP had one APIC or CNM, there is one APIC in post. The SOP had Senior Staff Nurse (1 or 2 if no APIC) – there is one SSN in post. We are reviewing the Chief Inspectors request and will aim to recruit one CNM or one additional SSN.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The shelves in the cleaners store room have now been painted and can be cleaned effectively.	

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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	13/03/2025