



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Melview
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Prior Park, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	19 January 2023
Centre ID:	OSV-0000250
Fieldwork ID:	MON-0039036

## About the designated centre

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

Sonas Nursing Home Melview is a three-storey facility located within the urban setting of Clonmel town. The centre can accommodate 49 residents. There is a lift close to the reception area and stairs on both sides of the house to enable easy access to the all floors. Bedrooms comprise 49 single bedrooms with full ensuite facilities. There is a day room and sitting room on each floor. A quiet room, hairdressing room and a visitors room is also available to resident. Residents have access to a safe outdoor courtyard area to the back of the centre. Sonas Nursing Home Melview provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), those with a physical disability, mental health diagnoses and people who are under 65 whose care needs can be met by Sonas Nursing Home Melview. Long-term care, convalescent care, respite and palliative care is provided to those who meet the criteria for admission. Maximum, high, medium and low dependency residents can be accommodated in the home.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 19 January 2023	10:45hrs to 18:40hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

This was an unannounced one day inspection to inform the decision for an application to vary the conditions of registration following the renovation of the period section of the nursing home and to monitor compliance with the regulations made under the Health Act 2007 (as amended). The centre had been extended in 2021 with the construction of a new three storey wing containing 49 single en suite bedrooms. All residents are currently accommodated in this new wing. The two older wings, Melview House and The Orchard Wing had been vacated so that Melview House could be renovated. Renovations are now complete and the provider has applied to register an additional 32 beds and altered areas which include the newly renovated communal day and dining spaces.

The inspector was met by the person in charge, who facilitated the inspection. This inspection included a focused review of fire precautions.

Following an introductory meeting, the person in charge accompanied the inspector on a walk-through of the centre.

Sonas Nursing Home Melview is within a four storey building; the original period section, known as Melview House, is made up of resident dining rooms and day rooms on three floors, with kitchen and staff ancillary rooms at basement. There is a recently constructed three storey purpose built extension and an older two storey extension known as the Orchard, each connected to the original period house. There is a separate building to the rear of the site housing a laundry room and store rooms.

There was a relaxed atmosphere in the centre; residents were seen moving freely through the centre, supported by staff. Visitors were coming and going at various times during the inspection.

In general, fire doors were noted to be of a good standard, and had recently undergone work to address deficits. There were contractors on site, carrying out further work to address gaps to the bottom of some doors in Melview house. The door to a service riser in the newer extension could not close. This was immediately addressed during the inspection. The inspector saw two doors at basement level which were propped open; one was tied open with twine.

Signage was displayed through the building to alert staff and residents to the compartment they were located in. Evacuation floor plans had been recently upgraded and included 'you are here' annotation and showed the routes of escape. Each of the stairways were provided with evacuation chairs at each landing.

The inspector noted areas of Melview where sections of the floor covering had been removed as a result of damage, but was not yet replaced. For example, the area at the foot of the stairs and near the servery in Dining Room 1. The carpet on the

central stairs was not clean as a result of contractors on site.

In the Orchard and Melview, rooms were not fit out and ready for occupation. Furniture was not in allocated rooms and was difficult to quantify if sufficient furniture was available in each room. In twin rooms, the configuration of the privacy curtain meant that the television was not visible to both residents. Additional televisions were planned but not yet in place.

The sluice room, did not have a cold water supply, and the hot water supply was not hot. the flow of water in one was also too strong and resulted in the water splashing out of the sink.

Externally, an exit sign had been provided to guide escape through the gate leading from the Orchard exits. An exit door from the orchard was difficult to open and was catching on the frame. The corridor near room 66 did not have adequate escape signage; the route towards the exit through the stairs was not apparent.

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

## Capacity and capability

Sonas Asset Holdings Limited is the registered provider for this designated centre and has four directors. The clinical management of the centre was led by the person in charge (PIC), supported by a clinical nurse manager (CNM), nursing staff, health care assistants, housekeeping, kitchen and laundry staff, administration, activities coordinator and maintenance staff.

The day-to-day management of fire safety was adequate for most aspects of the regulations, however the identification of risk required improvement.

The provider was requested to submit a fire safety risk assessment of the full centre, to ensure fire safety deficits were identified and actioned. An action plan was developed and the registered provider committed to having all work complete by 09 December 2022. At this inspection not all items were complete and further non-compliance with fire precautions was identified. Immediate action was required with regard to the arrangement for residents who smoke. The person in charge provided assurance to the inspector and action was taken during the inspection by implementing interim measures until a more sustainable solution to the risk was identified.

At this inspection, the unoccupied areas of the centre were not ready for occupation.

This is detailed further in the quality and safety section of this report.

## Regulation 23: Governance and management

Notwithstanding the noted improvements to fire safety since the previous inspection, there were outstanding items that had not been addressed. The management system for identifying fire safety risks, completion of the programme of work and for ensuring the Orchard and Melview House were ready for occupying required improvement to ensure the centre was compliant with Regulation 17 premises and Regulation 28 Fire Precautions.

Judgment: Substantially compliant

## Quality and safety

Overall the building was laid out in a manner providing an adequate number of escape routes and exits and was configured such that most of the day spaces were located in the period section of the building. However fire safety risk identification required improvement and the final completion and preparation of the Orchard and Melview House was not yet complete.

At this inspection, immediate action was required by the provider to address risks to residents who smoke, to ensure an appropriate means to summon help was provided at each smoking area. The call bell at each of the external smoking areas were not working. One was repaired during the inspection, but the other was not able to be repaired and so required replacement. The smoking area in the rear garden was remote from the nurse station. The inspector was told that portable call bells were available for residents who smoke. These were connected to a pager, which when activated displayed day room. Staff were unsure of the location of the pager. Another pager in a nurse station was not charged. Interim measures to address this were actioned during the inspection. There was signage to an external area near the reception indicating it was a smoking area, however this was not fitted with the required equipment for a smoking area.

Staff spoken with demonstrated a good knowledge of the evacuation procedures in place, confirmed they had fire safety training and had participated in drills in various locations in the building. Staff training records demonstrated that all staff had received training. However, there were specific items for corrective action identified in fire drills. The inspector was informed that staff receive information sessions on these in small groups, but there was no records to verify this. The fire compartment annotations had recently changed and there was no documentation to show that staff had received updated information in this regard.

Signage had been displayed throughout to identify the compartment you were in. Since the previous inspection, work had been completed to the fire alarm system to ensure that the activation of a device in any part of the building would display on all fire alarm panels. The fire alarm system and emergency lighting were serviced at the appropriate intervals

At the time of inspection, the orchard and Melview House sections of the building were not ready to be occupied by residents. There was work ongoing to fire doors, sections of flooring was waiting to be replaced and furniture was not set out to receive residents. This is further explored under Regulation 17 of this report.

## Regulation 17: Premises

Action was required to ensure compliance with Regulation 17 and Schedule 6:

- the layout of a store room in the Orchard was not correctly shown on the registered floor plans
- the Orchard and Melview, were noted to have dust and were not sufficiently clean for occupation. The furniture in these areas were not arranged ready for occupation and as a result it was not possible to quantify if sufficient furniture was in place
- a smoking area near the main reception was not yet fitted out with appropriate equipment for a smoking area; it was not yet in use
- sections of the flooring in Melview House had been removed and had not yet been replaced
- there were observed issues with the water supply in the sluice room in the Orchard. There was no cold water supply, the water from the hot water taps was not hot and the pressure from one tap meant that water was splashing out of the sink.
- a light unit on a corridor in the Orchard was not functioning correctly and was flashing on and off
- bins for handwash sinks were not provided in a sluice room and a ceiling tile was damaged from a leak.
- there was inadequate storage in the laundry room. The inspector observed clean linen stored on the draining board of the sink in the dirty area of the room. The door on the clean side was obstructed with trolleys and laundry bags.
- in the dedicated store rooms, the inspector observed storage on the ground and not suitably stored on shelving. This presented a risk of cross contamination.

Judgment: Not compliant

## Regulation 28: Fire precautions



The registered provider was not taking adequate precautions against the risk of fire:

- fire doors were propped open by means other than appropriate hold open devices connected to the fire detection and alarm system. The door to the chef office was propped open with a bag of flour and the door to the adjacent store was tied open with twine.
- the arrangements for residents who smoke was not adequate
- the fire alarm system was displaying the incorrect fire compartment for one bedroom. This may lead to delay in identifying the location of a fire.

The arrangements for providing adequate means of escape including emergency lighting was not adequate:

- an exit sign at first floor was not lit
- an exit from The Orchard; the door was catching on the door threshold
- the provision of exit signage in one area of the Orchard was not adequate

The arrangements for maintaining fire equipment were not effective:

- two fire doors and a fire alarm activated shutter was logged as not working in December 2022; they were still out of operation
- there were minor maintenance issues to fire doors, for example, a compartment door was sticking to the floor when open and the the magnetic hold open device to a compartment door was not working
- the smoke seals to fire doors in Melview were noted to have traces of paint. This would impact the effectiveness to prevent the spread of smoke.
- the extinguisher provided for the rear smoking area did not have a service label

The measures in place to contain fire were not adequate:

- there was a large hole in the ceiling at basement level, breaching the fire rated compartment floor between basement and ground floor
- the door from the basement did not fully close, impacting the containment of fire between the basement and the ground floor above

The arrangements in place to ensure staff received suitable training and by means of fire safety management and fire drills that staff are equipped with suitable knowledge of evacuation procedures was not adequate:

- staff training records demonstrated that all staff had received training. However, there were specific items for corrective action identified in fire drills. The inspector was informed that staff receive information sessions on these in small groups, but there was no records to verify this. For example, two drill records highlighted that staff forgot to utilise walkie talkies during the practiced drills. In addition, the annotation of the fire compartments in the entire building had recently changed, and there was no records to confirm this had been relayed to staff.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Sonas Nursing Home Melview OSV-0000250

Inspection ID: MON-0039036

Date of inspection: 19/01/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Outstanding fire safety items identified in fire risk assessment and previous HIQA Inspection have been addressed. Completed</p> <p>The management system for identifying fire safety risks has been reviewed and corrective action identified in fire drills are completed. Changes and updated to residents smoking areas are being communicated to staff and residents. Completed and ongoing. Fire drills are ongoing and staff fire training addressing fire safety risks are carried out on a regular basis. Completed and ongoing.</p> <p>Staff received training on displays on fire alarm system. Completed and ongoing. Staff are been educated on risks associated with inappropriate use of fire doors. Completed and ongoing.</p> <p>Records are audited by Quality Manager and PIC.</p> <p>The programme of work to ensure that the Orchard and Melview House will be ready for occupying is being completed. 24.02.2023.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Part of dividing wall and door in store room in the Orchard removed and shown on the registered floor plans. It now consists of one room. Revised floor plans submitted. Completed.</li> <li>• Cleaning of the Orchard and Melview House is being completed and the furniture in these areas has been arranged ready for occupation and sufficient furniture is in place.</li> </ul>	

Completed 24.02.23.

- A smoking area near the main reception has been fitted out with appropriate equipment for a smoking and is ready for use. Completed.
- Sections of the flooring in Melview House have been replaced. Completed
- Issues with the water supply in the sluice room in the Orchard addressed. Completed.
- A light unit on a corridor in the Orchard wing replaced. Completed.
- Bins for handwash sinks provided in a sluice room and a ceiling tile replaced. Completed.
- Storage in the laundry room reorganised. Completed .
- Additional shelving provided in dedicated store rooms and storage reorganised. Completed.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Staff are been educated on risks associated with inappropriate use of fire doors. Completed and ongoing
- The arrangements for residents who smoke have the appropriate fire safety equipment and staff education. Completed and ongoing.
- Display issue on fire alarm system has been addressed. Completed.
- Exit sign at first floor replaced. Completed
- Exit from The Orchard scheduled for repair repaired. 22.02.2023.
- Additional exit signage provided in an area of the Orchard. Completed
- Two fire doors and a fire alarm activated shutter will be repaired. 25.02.2023
- Minor maintenance issues to fire doors addressed. Completed 25.02.2023.
  
- Paint will be removed from the smoke seals to fire doors in Melview removed. Completed 25.02.2023
- Service label provided to the extinguisher provided for the rear smoking area. Completed.
- Ceiling at basement level has been repaired. Completed
- The door from the basement repaired. Completed
- Staff are receiving suitable training on fire safety management and fire drills. Staff are equipped with suitable knowledge of evacuation procedures. Completed and ongoing.



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	23/02/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/02/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	23/02/2023



	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	23/02/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	23/02/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	23/02/2023
Regulation 28(1)(e)	The registered provider shall	Substantially Compliant	Yellow	23/02/2023

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	23/02/2023