



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	Unannounced
Date of inspection:	27 August 2025
Centre ID:	OSV-0000194
Fieldwork ID:	MON-0048065

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

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 27 August 2025	10:00hrs to 16:30hrs	Kathryn Hanly	Lead
Wednesday 27 August 2025	10:00hrs to 16:30hrs	Louise O'Hare	Support

What residents told us and what inspectors observed

There was a calm and welcoming atmosphere in the centre over the course of the inspection. It was evident, from talking with management and staff, that they knew the residents very well and were familiar with each residents' daily routine and preferences.

Inspectors met with a large number of residents living in the centre and spoke with 10 residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents also complimented the home cooked food and the dining experience in the centre. Inspectors observed the lunch time experience, and saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising.

Staff were observed to promote and protect resident's privacy and dignity when providing personal care in an unhurried manner. Communal areas were seen to be supervised at all times and call bells were answered promptly. There was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Those residents who could not communicate their needs appeared comfortable and content.

Inspectors also spoke with two relatives who were visiting on the day of the inspection. Both were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

Sonas Nursing Home Ashborough is a purpose-built care facility providing 58 beds, located in Milltown Co. Kerry. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was well ventilated and spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Overall the general environment and equipment viewed appeared visibly clean. Residents confirmed that their rooms were cleaned every day and that they were kept "spotless".

Bedroom accommodation in the centre comprised 54 single and two twin rooms which were located within four units; Heather, Jasmine, Daffodil and Camilla. Call bells were accessible to residents within all bedrooms and en-suite facilities. Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the home.

A small kitchenette including a fridge, washing machine and kettle was available within all bedrooms. The availability of these everyday household appliances promoted independence while creating a familiar and comfortable living environment. The availability of individual washing machines also supported

effective laundry management and reduced cross infection risk by limiting the handling and transport of contaminated laundry.

There was a variety of comfortable communal sitting and dining areas in each unit. The aesthetics and interior design of communal areas were also of a high standard, with furniture and décor that created a homelike and non-clinical feel.

Group activities, led by activity co-ordinators, mainly took place in the large activity hall/ day room. On the morning of the inspection, residents were invited to attend chair yoga followed by a quiz. A large group of residents were also seen enjoying bingo on the afternoon of the inspection.

The outdoor courtyard and garden areas were well maintained and readily accessible from all four units, making it easy for residents to go outdoors independently or with support, if required.

Ancillary facilities generally supported effective infection prevention and control. These areas were observed to be well-ventilated, clean and tidy. Staff had access to a dedicated housekeeping room for storage of cleaning trolleys and equipment and two sluice rooms with bedpan washers for the reprocessing of bedpans, urinals and commodes. The infrastructure of the sluice rooms supported the functional separation of the clean and dirty phases of the laundering process. However, the housekeeping room was not equipped with a janitorial unit for the disposal of waste water. Inspectors were informed that the disposal sink in the sluice rooms was used for this purpose. This posed a risk of cross contamination.

The main kitchen was clean and of adequate in size to cater for resident's needs. Separate and dedicated toilets for catering staff were available.

Conveniently located, alcohol-based product dispensers were readily available outside each bedroom. A clinical hand washing sink had been installed in the nursing office to support effective hand hygiene. This complied with current recommended specifications for clinical hand hygiene sinks. However, there was a limited number of dedicated clinical hand wash sinks within close proximity of resident bedrooms to support clinical hand hygiene. Inspectors were informed that the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. Staff also used a sink in an communal toilet to perform clinical hand hygiene. However, ready access to these facilities for clinical hand hygiene was not guaranteed.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Overall, inspectors found that the registered provider was committed to the provision of safe and high-quality service for the residents. The centre has a good history of compliance with the regulations and was found to be fully compliant under regulations reviewed on the last inspection. The provider remained compliant with the majority of regulations assessed on this inspection. However further action is required to be fully compliant with Regulation 27; infection control. Findings will be discussed in more detail under the respective regulations.

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.

There a was well-defined management structure in place with identified lines of accountability and authority. The person in charge (PIC) was supported in their role by an assistant person in charge, clinical nurse managers and a team of nursing staff, administration, care staff, housekeeping, catering and maintenance staff. Inspectors spoke with staff who were knowledgeable about their individual roles and responsibilities. The provider had also nominated the PIC to the role of infection prevention and control link practitioner.

There were a number of management systems in place to monitor and review the quality and safety of the service. The PIC submitted a weekly report to the quality manager outlining key performance indicators (KPIs) which included information to monitor and track incidence of falls, pressure ulcers, wounds, antibiotic use and infections. Reports were tracked and trended and discussed at monthly governance meetings which were attended by the group's quality manager, the group director of quality and governance and the PIC.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However, discussions with management and review of local guidelines identified that there was some ambiguity regarding what infection prevention and control measures should be applied when caring for residents with a history of MDRO colonisation.

There had been no outbreaks of infection in the centre since August 2023. A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. Management confirmed that contingency plans were in place to ensure there were minimal restrictions to residents' families and friends visiting them in the centre during outbreaks.

Infection prevention and control audits were undertaken and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

There were sufficient numbers of housekeeping staff to meet the infection prevention and control needs of the centre. The provider also had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that the majority of staff had received infection prevention and control training to ensure they had up-to-date mandatory training specific to their roles.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received education and training in infection prevention and control practices that was appropriate to their specific roles and responsibilities. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

Overall, inspectors found that the provider ensured the service was resourced and effectively monitored so that residents received good quality, safe care and services. This included established governance arrangements to ensure the sustainable

delivery of safe and effective infection prevention and control and antimicrobial stewardship. The PIC ensured that service delivery was safe and effective through ongoing infection prevention and control oversight, audit and surveillance.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations, within two working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents confirmed that there was a rights-based approach to care; both staff and management promoted and respected their rights and choices. Social outings were encouraged and facilitated. For example, groups of residents had recently enjoyed two day trips to Rossbeigh beach.

The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

Residents were provided with good standards of nursing care and timely access to health care to meet their needs. Residents' records and their feedback to the inspectors confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services. Multidisciplinary support and care was also provided by the Integrated Care Programme for Older People (ICPOP) Community Specialist Team as required. Residents also had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital.

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Inspectors focused on resident's infection control (MDRO), elimination (urinary catheter) and wound care plans. Overall, the standard of care planning was

good and described person centred and evidenced based interventions to meet the assessed needs of residents.

Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Proactive infection prevention measures had also been taken to reduce the risk of catheter associated urinary tract infections and other complications. Inspectors were told that residents were assessed to ensure indwelling catheters were removed promptly when no longer required. Appropriate infection prevention and control procedures were followed by nursing staff when collecting urine samples from indwelling urinary catheters.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The overall premises were designed and laid out to meet the needs of the residents. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing refurbishments. For example, the carpet in the main reception was scheduled to be replaced.

A Legionella management programme was in place. Water testing reports provided the assurance that the risk of Legionella was being effectively managed in hot and cold water systems in the centre.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of waste. Equipment viewed was also generally clean and well maintained.

Notwithstanding the many good practices observed, a number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, cleaning carts did not support effective infection prevention and control, barriers to hand hygiene were identified and respiratory equipment for administering medication was not managed in line with best practice guidelines. Findings in this regard are presented under Regulation 27; infection control.

Regulation 11: Visits
The registered provider had arrangements in place for residents to receive visitors. Those arrangements were not restrictive, and there was adequate private space for residents to meet their visitors. The updated visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits nominated support persons during outbreaks.
Judgment: Compliant
Regulation 17: Premises
The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.
Judgment: Compliant
Regulation 26: Risk management
The provider had ensured that a comprehensive risk management policy which met the requirements of the regulations was implemented in practice. A dedicated infection prevention and control risk register was maintained and appropriate controls were implemented.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- There was some ambiguity regarding the appropriate infection control measure required when caring for residents that were colonised with MDRO's. Care plans described the implementation of standard precautions while local guidelines advised the use of contact precautions. Furthermore, local guidelines lacked detail to guide the care of residents colonised with specific MDROs including Extended Spectrum Beta-Lactamase (ESBL) and Vancomycin-resistant Enterococci (VRE).
- There was no janitorial unit within the housekeeping room. Housekeeping buckets were filled and emptied within sluice rooms which posed a risk of cross contamination.
- Cleaning carts were not equipped with a locked compartment for storage of chemicals and did not have a physical partition between clean supplies and soiled cloths. Cleaning trolleys also required more detailed cleaning to ensure that equipment used for cleaning does not contribute to cross infection.
- Single use nebuliser chambers (respiratory equipment to administer medication) were washed with soap and water in the residents sink after use. This posed a risk of cross contamination.
- There was a limited number of hand wash sinks dedicated for staff use in the centre. The sinks in resident en-suites were dual purpose used by staff and residents. As a result, resident's personal hygiene products and toothbrushes which were stored on the sinks were at risk of contamination. Some staff also said that they used the sinks in communal toilets (adjacent to resident bedrooms on each unit) for clinical hand hygiene. However, sinks in communal toilets may not be readily accessible if the toilet is occupied.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. Based on a sample of care plans viewed, it was evident to inspectors that validated risk assessments were regularly completed to assess clinical risks such as risk of pressure ulcers.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) of their choice. Inspectors saw evidence that residents were referred to medical specialists, for example vascular surgeons, as required. Residents also had access to a range of health and social care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapist, tissue viability and palliative care. Records evidenced that the recommendations of health and social care professionals were implemented and reviewed to ensure best outcomes for residents.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, antibiotic use was tracked and trended. Monthly reports were generated and inspectors saw evidence that findings were discussed at staff meetings.

Judgment: Compliant

Regulation 9: Residents' rights

There was a rights based approach to care in this centre. Residents told inspectors that their rights and choices were respected, that they were involved in their care and had choice in the time they wish to go to bed and when they could get up. Residents also said that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, inspectors were informed that visiting was also facilitated during outbreaks with appropriate infection control precautions in place.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
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 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Ashborough OSV-0000194

Inspection ID: MON-0048065

Date of inspection: 27/08/2025

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All staff practices and all guidelines are now clearly understood and described in relation to caring for residents with colonised MDROs. All cleaning carts have been replaced and now comply with the requirements. Single use nebuliser chambers are no longer washed with soap and water. Two clinical handwash sinks and the janitorial sink will be installed by 20/12/2025 with two more clinical handwashing sinks installed by 30/06/2025.	

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/06/2025