



**Health
Information
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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 Athlone
Name of provider:	Sonas Asset Holdings Limited
Address of centre:	Cloghanboy, Ballymahon Road, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0005422
Fieldwork ID:	MON-0049826

About the designated centre

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

Sonas Nursing Home Athlone is situated on the outskirts of Athlone town. It is a purpose-built facility registered to provide residential care to 58 residents, both male and female, over the age of 18 years. It provides care on a long-term, respite and convalescent care basis. The centre provides care to residents with chronic illness, mental health illness, including dementia type illness and those requiring end-of-life care. Residents are accommodated over two floors. There are 56 single and one twin bedroom, all with an en-suite bathroom facility. This modern building has a secure inner courtyard and landscaped gardens designed to meet the needs of a variety of residents who may wish to live in the nursing home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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 8 July 2026	09:30hrs to 17:45hrs	Fiona Cawley	Lead
Wednesday 8 July 2026	09:30hrs to 17:45hrs	Nan Savage	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre received a good standard of care and support from a dedicated team of staff who knew them well. Residents spoke positively about staff and the care and support provided. Throughout the inspection, staff demonstrated an understanding of residents' individual needs and delivered care in a respectful, compassionate manner. There was a calm, welcoming and positive atmosphere in the centre over the course of the inspection.

Inspectors arrived in the centre mid-morning. Following an opening meeting with the person in charge and assistant person in charge, inspectors conducted a walk around the centre to review the living environment and meet with residents and staff. During this time, residents were observed going about their daily routines in various areas of the centre. Some residents chose to spend time together in the communal areas, while other residents moved freely throughout the centre or remained in the privacy of their bedrooms. A number of residents were also observed receiving support from staff to meet their individual care needs.

This was an unannounced inspection carried over one day by two inspectors of social services. There were 53 residents accommodated in the centre on the day of the inspection and five vacancies.

Residents' living and bedroom accommodation areas were located on both floors which were serviced by an accessible lift. Residents' bedroom accommodation consisted predominantly of single bedrooms with one twin-occupancy bedroom, all of which were provided with ensuite facilities. Bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably. The size and layout of bedrooms were appropriate to meet residents' needs, while supporting their privacy and dignity. Adequate storage was available for residents' personal belongings. Residents were encouraged to decorate their bedrooms with meaningful personal items, such as ornaments and photographs, and other possessions that reflected their individual preferences and interests. A number of residents told inspectors that they were very happy with their bedrooms; one resident described it as 'the lap of luxury'.

A number of communal areas were available throughout the centre for residents' rest, recreation, and social engagement, including day rooms and dining rooms. Sufficient private space was also available to enable residents to meet with friends and relatives in comfort and privacy, should they wish to. In addition, an oratory was available, providing residents with a quiet and peaceful space for reflection and prayer.

Inspectors observed that notice boards were displayed in central locations to provide residents with information on daily activities, advocacy services, complaints procedures, and local events.

The design and layout of the building were appropriate to meet the assessed needs of residents while promoting and supporting independence. Corridors were spacious, free from obstructions and equipped with appropriately positioned grab rails to facilitate residents to mobilise safely around the centre. Call-bells were readily accessible in all areas and were observed to be responded to promptly. All areas were thoughtfully styled and furnished to provide residents with a comfortable, welcoming, and accessible living environment. One area that had recently been refurbished was designed and furnished taking into consideration residents' preferences.

Overall, the centre was clean, tidy and well-maintained. Although inspectors identified a small number of maintenance issues during the inspection, the provider had an ongoing programme of improvement works in place to address these areas.

Residents had safe and unrestricted access to a secure outdoor area, providing opportunities to enjoy fresh air and direct access to nature. The enclosed courtyard garden featured colourful, seasonal flower beds and planters, offering residents opportunities to participate in gardening activities, if they wished. There was a variety of suitable garden furniture and sheltered seating areas available. Residents were observed spending time outdoors throughout the day.

Residents were observed to be content and at ease as they went about their daily lives. As the day progressed, the majority of residents were observed spending time in the various communal areas, watching television, reading, socialising with one another and with staff, or participating in organised activities. Other residents were sitting quietly, relaxing and observing the daily activity in the centre. A small number of residents chose to spend quiet time in the privacy of their bedrooms. It was evident that residents were supported by staff to spend the day as they wished. The communal areas of the centre were appropriately supervised by staff throughout the day. Residents who chose to remain in their bedrooms were observed to receive support and regular staff attention. Although staff were busy providing care and support to residents, this was delivered in a calm, respectful, and unhurried manner. Personal care was delivered to a good standard, with residents' privacy and dignity maintained. Staff who spoke with inspectors were knowledgeable about residents and their care needs. Warm and friendly interactions were observed between residents and staff. Inspectors found the atmosphere throughout the centre to be calm and relaxed over the course of the day.

Inspectors spoke with a number of residents over the course of the inspection to gain their views on the quality of care and life in the centre. While some residents mentioned that they would prefer to be at home, residents appeared content and were at ease with staff. Residents commented that they were well cared for, comfortable and happy living in the centre. Residents spoke positively about the staff, describing them as kind, caring and responsive to their needs. They told inspectors that staff were readily available to provide assistance and support

whenever it was required. One resident said that 'staff are very obliging' and another resident stated they received 'great care' from 'excellent' staff whenever they needed it. Residents informed inspectors that they were satisfied with their living environment. One resident stated that their room was cleaned each morning and commented positively on the efficiency of the laundry service. Residents said that they felt safe and that they could freely raise any concerns with staff if they needed to. 'Staff are the salt of the earth', 'you are treated as a person, a part of the family', 'I'm happy with life here', and 'the staff are very good and I get everything I need', were among the comments from residents. While some residents could not express their views to inspectors because of communication or cognitive support needs, observations indicated that they appeared comfortable, content, and at ease in their living environment.

Residents told inspectors that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided. One resident said 'the food is very good', and another resident described the food as 'top class'. The dining experience at lunchtime was observed to be a social, relaxed occasion and inspectors saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

Opportunities were available for residents to engage in recreational activities of their choice and ability, seven days a week. A schedule of activities was in place, providing both group and one-to-one sessions to support residents' participation and engagement. Residents told inspectors that there was plenty to do each day, and that they could choose to spend their time as they wished. Residents discussed how they spent their days, and described the various activities available to them, including games and birthday celebrations. One resident spoke about how they enjoyed sitting outside, going for walks and meeting with friends, and occasionally going for a drive. Another resident chatted about the 'World Cup' and various games that they had watched. One resident told inspectors that they enjoyed relaxing in the foyer, watching the 'comings and goings'. Inspectors observed many residents participating in and enjoying a variety of activities throughout the day, including a lively balloon game, and arts and crafts. A number of residents were observed attending the hairdresser and reflexology on the day. Other residents spoke positively about a recent cooking demonstration, which they had enjoyed. Staff were available to encourage and support residents to be as actively involved in activities as they wished, while respecting the choices of those residents who preferred not to take part. Residents told inspectors that religious services were available and that they could attend, if they wished. Residents also had access to television, radio, internet, newspapers and books.

Residents were supported to receive visits from friends and family members in line with their wishes. Inspectors observed visitors coming and going throughout the day. A number of visitors who spoke with inspectors expressed satisfaction with the care and support provided to their loved one. One visitor described staff as 'very

respectful, so nice and friendly', and said, 'if I ever had to go into a home, I would come here'.

In summary, inspectors found residents were receiving a good standard of care and support from a responsive team of staff. Care was observed to be safe, person-centred, and delivered in a manner that promoted residents' dignity, rights and well-being.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was a monitoring inspection, conducted by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Inspectors reviewed the action taken by the provider to address identified areas of non-compliance found on the last inspection in June 2025.

This inspection found that there was evidence of significant improvements in relation to the governance and management arrangements in place, which demonstrated a commitment to ongoing quality improvement that would enhance the daily lives of residents. The provider had completed the actions set out in the compliance plan following the previous inspection.

Sons Asset Holdings Limited is the registered provider of this designated centre. The provider had a clearly defined organisational structure in place, with identified lines of authority and accountability at individual, team and organisational level. The clinical management team consisted of a person in charge supported by an assistant person in charge and a clinical nurse manager. There was a full complement of staff in place including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. Management support was provided by a quality manager and other senior personnel within the company. The clinical management team were present throughout the inspection and were observed to be a strong presence in the centre. The person in charge demonstrated a good understanding of their responsibilities under the regulations. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge.

On the day of the inspection, sufficient resources were in place to support the delivery of good quality care and to minimise the risk of harm to residents. Staffing levels and skill-mix were appropriate to meet the needs of residents, and effective teamwork was evident throughout the inspection. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team

of care assistants. Communal areas were adequately supervised, and staff were observed interacting with residents in a positive and respectful way. Staff who spoke with the inspector were knowledgeable about their roles and responsibilities.

A review of staff training records evidenced that all staff had completed relevant training to support the provision of safe care to residents. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

Policies and procedures were in place to support staff in providing safe, effective care to residents.

The provider had systems of monitoring and oversight of the service in place. A number of clinical and environmental audits had been completed, including infection control, falls analysis, care planning and medicines management. In addition, key aspects of the quality of the service were reviewed by managers on a regular basis. This included information in relation to falls, care plans, nutrition, infection control, medicines management, and restrictive practice. Where areas for improvement were identified, action plans were developed and completed. A comprehensive annual review of the quality and safety of the services had been completed for 2025, and included a quality improvement plan for 2026.

There was evidence of effective communication systems in the centre. Regular management team and staff meetings had taken place. Minutes of meetings reviewed by inspectors showed that a wide range of relevant topics were discussed such as care issues, incidents, teamwork, learning and development, complaints, innovations and other relevant issues.

There were systems in place to monitor and respond to risks that could affect residents' safety and welfare. A risk register was maintained, which identified both clinical and environmental risks in the centre, and the risk control measures implemented to mitigate those risks. Arrangements were in place for the identification and recording of incidents, and notifiable incidents were reported to the Office of the Chief Inspector of Social Services in accordance with regulatory requirements.

The provider had systems in place to ensure that records, set out in the regulations, were available, safe and accessible, and maintained in line with the requirements of the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection, with appropriate skill-mix to meet residents' needs, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 21: Records

Inspectors found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. There was a clearly defined management structure in place with identified lines of authority and accountability. There were effective monitoring systems in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents expressed satisfaction with the care provided at Sonas Nursing Home Athlone and spoke positively about the support received from staff. They reported a positive experience of living in the centre. Inspectors found that residents' rights, dignity, and choices were respected, with a person-centred approach to care evident throughout. Residents' wellbeing and independence were actively promoted, and staff interactions were observed to be kind, respectful, and supportive.

Nursing and care staff demonstrated a good understanding of residents' care needs. Inspectors reviewed a sample of resident records and found that residents' assessed needs and preferences were recorded. Comprehensive assessments were completed prior to admission to ensure the service could meet each resident's health and social care needs. Following admission, residents underwent a range of assessments using validated tools, the outcomes of which informed the development of individualised care plans. Care plans were initiated within 48 hours of admission to the centre and reviewed every four months, or as changes occurred, in line with regulatory requirements. Care plans were developed and reviewed with involvement from residents and, where appropriate, their representatives. The care plans reviewed

were person-centred, comprehensive, and supported care delivery while promoting positive risk-taking.

Residents were supported to make informed decisions regarding their care and support that they received, and to live a healthy lifestyle. Residents had timely access to a doctor, as requested or required. Arrangements were in place to ensure access to appropriate health and social care professionals for specialist assessment and treatment, in line with their assessed needs. From the sample of files reviewed, it was evidenced that recommendations from health and social care professionals were implemented to improve residents' health and wellbeing.

The centre had appropriate arrangements in place to support the delivery of compassionate end-of-life care in accordance with residents' assessed needs and preferences. Documentation reviewed demonstrated that specialist palliative care services were available to provide support and advice as needed.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails, and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and the resident concerned. There were procedures in place to respond to responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) in a supportive way which focused on personalised care.

The registered provider had effective safeguarding arrangements in place to protect residents from harm. A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. Staff were facilitated to attend training in safeguarding vulnerable adults. Staff demonstrated an appropriate awareness of their responsibility in recognising and responding to allegations of abuse.

Staff demonstrated a clear understanding of residents' rights. Residents' human rights were promoted through a person-centred approach which recognised residents' autonomy and supported residents' participation in their own care. Care was delivered in a person-centred manner, with residents' preferences respected and facilitated. Residents were free to choose their preferred times for retiring and rising and were supported to participate in recreational activities in accordance with their interests and abilities.

Residents were provided with opportunities to engage in the management of the centre through individual consultations and monthly residents' meetings. A review of meeting minutes showed that a range of topics were discussed, including activities, menu planning, health and safety, service improvement initiatives, and other matters relevant to residents. Inspectors found, through observations and discussions with residents and staff, that feedback from residents was acted upon. For example, additional menu options were introduced during the summer months in response to residents' suggestions.

Information on independent advocacy services was readily available to residents. Inspectors met with an independent advocate who visited residents in the centre weekly and was familiar to residents. They also attended residents' meetings and were available to provide advocacy services as required.

The premises were designed and arranged to meet residents' assessed needs and support their wellbeing. Residents informed inspectors that the centre was comfortable, homely, and well suited to their needs.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

There was a residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends. There was an up-to-date visiting policy in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions. Laundry services for residents' personal clothing were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

Regulation 13: End of life
Arrangements were in place to provide residents with appropriate care, and comfort, during their end of life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents' needs and wishes to support the provision of person-centred, compassionate, end-of-life care.
Judgment: Compliant
Regulation 17: Premises
The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents had access to sufficient quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily to ensure that each resident had a choice at mealtimes, including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.
Judgment: Compliant
Regulation 20: Information for residents
The provider had prepared a guide for residents which contained the requirements of the regulation.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training, and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	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 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant