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 Knock
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Ballyhaunis Road, Knock, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 March 2026
Centre ID:	OSV-0006384
Fieldwork ID:	MON-0048610

About the designated centre

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

Sonas Nursing Home Knock is a modern two-storey purpose-built designated centre that opened in 2019. It is a short drive from the village of Knock, and local shops, cafes, churches, and basilica are readily accessible. Accommodation is available for 57 residents and is provided in 51 single and three double bedrooms. All rooms have full en-suite facilities. There is communal sitting and dining space on both floors. The centre has good levels of natural light and is supplied with fixtures and fittings to enhance the independence of residents. It is furnished appropriately to meet the needs of residents. The first floor is accessible by lift and stairs. The aim of the centre, as described in the statement of purpose, is to provide a residential setting where residents are cared for, supported and valued in a way that promotes their health and well-being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

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
Friday 27 March 2026	09:00hrs to 16:00hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and to review measures the provider had in place to safeguard residents from all forms of abuse. The findings of this inspection confirmed that residents were satisfied with the support available to maintain their autonomy and independence. The inspector spoke with several residents during the day and received positive responses regarding the kindness of the staff. Several residents shared their views with the inspector, one said " I like to do things at my own pace, and staff support me to do what I want when I want." Another resident told the inspector that " Staff support me to access the local town independently".

On arrival the inspector was met by the person in charge, and then proceeded to carry-out a walk-through of the designated centre. This gave the inspector the opportunity to meet with residents and staff as they began their day. Some residents were observed finishing their breakfast in one of the dining rooms. Residents told the inspector that they could have their breakfast in their room if they wanted, but that it was good to see who else was having their breakfast in the dining room, as they might have a chat.

The inspector observed a number of person-centered interactions between residents, and staff during the inspection, and it was obvious that staff were aware of residents' assessed needs. This knowledge assisted staff in providing individual responses to residents' requests for support. Residents described how staff respected their privacy and their right to choose. Staff were observed to ensure that bedroom doors were closed before assisting residents with their personal care. Residents said that they felt safe in this centre, and that if they had a concern, they could speak with any member of the staff team about it. The inspector spoke with several staff and found that they were knowledgeable regarding their role and their responsibility in protecting residents from the risk of abuse.

The design and layout of the designated centre promoted free movement around all areas of the building. Handrails were found to be in place along all corridors to assist residents with their mobility, and clear signage directed residents to the main communal areas of the centre. Resident accommodation, and living spaces were laid out over the ground and first floors, which were accessible by a lift. Access to the first floor was via a keypad system, which was in place to promote the welfare and safety of residents living on this floor. Residents who were assessed as safe to come and go independently were issued with the relevant key codes. The centre was well maintained, clean, warm, and tastefully decorated. Some corridors were decorated with art work, with many pieces created by current and former residents. An enclosed garden area was well-set-up for residents to use. Pathways were level and well-maintained, and there was sufficient seating available to cater for the number of residents using this facility.

Residents were content with their bedrooms, and that they could personalise them as they wished. The inspector reviewed these areas and found them to be of a sufficient size to allow residents to move around freely and access all areas of their room. All bedrooms reviewed on the day contained sufficient storage for residents to store and access their personal items. Bedrooms contained lockable units so that residents could store personal items securely.

There was a well-established activity programme based on residents' interests and capacities. A weekly activity schedule was advertised in the centre to inform residents of what was available. Several residents told the inspector that there is always something interesting to do, and that they enjoyed attending activities with the other residents. There were numerous activities provided on the day, which included a session on nail painting, board games, religious observance in the form of a rosary, and one-to-one support for residents who remained in their rooms or for those who did not wish to join in group activity.

Residents were complimentary about the food served in the centre, and confirmed that they were always afforded a choice. There were adequate numbers of staff to support residents during meal times. Residents were seen to be provided with discreet support with their food and drinks where required. There was a choice of meals at lunchtime which consisted of chicken curry, or a baked cod meal. There was also a choice of dessert available after the main meal. The food served was attractively presented, and residents confirmed that it was of good quality. Residents also had access to snacks and drinks, outside of regular mealtimes.

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

Capacity and capability

This is a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. There were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in responding to issues identified through audits and quality assurance systems with a focus on continual improvement.

Sonas Nursing Homes Management Company Limited is the registered provider for this designated centre. There is a clearly defined management structure in place responsible for the delivery and monitoring of effective health and social care support to the residents. The management team consists of a person in charge who works full-time in the centre, and is supported in their role by an assistant director of nursing and a clinical nurse manager. The remainder of the staff team consists of

staff nurses, two activities coordinators, health care assistants, household, catering, maintenance, and administration staff.

The inspector reviewed a sample of governance and management documentation, including audit records, local and provider meeting records, and information relating to complaints. The inspector found that there were effective systems in place to monitor the quality of care and services provided to residents. This included a review of clinical data in relation to falls, wound care, food and nutrition, and medication compliance. There was ongoing review of information collected in relation to safeguarding, restrictive practices, incidents, and risk management. Overall, where current practice fell below the required standards, an action plan was developed to address the issues identified.

The provider had completed a comprehensive report on the quality and safety of care for 2025, which also included a quality improvement plan for 2026. This report provided key information about the performance of the designated centre and the involvement of residents in the planning of the service going forward. While the quality improvement plan identified a range of measures the provider intended to introduce to enhance overall performance, the time frame for achieving these introductions was often identified as ongoing or within the next 12 months. A more targeted and specific timeline for their introduction and review would provide key information to the provider regarding their progress to date and provide an opportunity to make any required amendments to achieve the overall objective.

The registered provider maintained sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of residents, both on the ground and first floors, to support residents to live their lives as independently as possible. Staff demonstrated accountability for their work, and were clear about their roles and responsibilities when speaking with the inspector. Staff worked well together to ensure residents' needs, and requests for support were met in a timely manner. Staff were seen to greet all residents as they passed by name, and often stopped to have a chat with the resident about their day. Staff interactions with residents were empathetic and respectful. This helped to create a welcoming and pleasant atmosphere for residents and visitors. The inspector attended a safety pause meeting, where staff discussed issues that had arisen during the course of the day. There was effective communication between all members of the team present, and the information discussed was detailed and informative. It was evident that there was effective teamwork to maintain resident safety underpinned by effective knowledge of residents' needs and current status.

There was a comprehensive training programme in place that incorporated a selection of both face-to-face and online training. Records confirmed that all staff were up-to-date with their mandatory training in safeguarding, infection prevention and control, fire safety, and manual handling. Supplementary training included modules in medication management and wound management. On the day of the inspection, there was training on cardio-pulmonary resuscitation (CPR) on site. Discussions with staff confirmed that they attended training on a regular basis, and

that the knowledge gained gave them a better understanding of their roles, and on how to ensure residents received person-centred care.

There was a complaints policy in place which met the requirements of Regulation 34: Complaints. The complaints policy was advertised in prominent locations throughout the designated centre. In addition, there was information advertised about how residents could access advocacy services.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training to support them in delivering effective care, and support to meet residents' assessed needs.

A review of training records found that all staff had completed their mandatory training. Training records were well-maintained, and easy to follow. Staff also had access to training commensurate to their role, and included medication management, cardio-pulmonary resuscitation (CPR), and dementia training.

The provider maintained a probation and induction process to ensure that staff performance was effectively monitored.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that adequate resources were in place to provide care and support to the current residents with regard to the size and layout of the designated centre.

The current management structure is well-defined, and staff were clear about their roles and the standards that are expected of them in their work. There were strong

communication and reporting structures in place, which were well established. There was good evidence found that staff worked well together and supported each other in their roles.

There were comprehensive quality assurance systems in place to ensure care and services were safe and appropriate. The audits and management reports were reviewed and signed off by the senior management team. Where standards fell below expected levels an action plan was implemented to address the issues identified. The management team and staff were open to feedback and demonstrated a commitment to continuous improvement.

The annual review for 2025 and quality improvement plan for 2026 included feedback from residents and staff. The provider was working through the improvement actions identified for 2026 at the time of the inspection.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life, which was respectful of their choices. Residents' autonomy was respected, with residents encouraged to live an independent life where their views and aspirations were valued. There was evidence that residents were in receipt of positive health and social care outcomes, and that on the whole, their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that residents' voices were being heard in this centre.

However, more focus was required to ensure that residents who were admitted to the designated centre had their individual care plans in place no later than 48 hours following admission to the centre. The centres' own quality assurance system identified that four residents did not have their care plans in place within this time period, which meant there was potential for residents not having their assessed care needs met.

On balance, residents' care plans were well-developed, and constructed in consultation with residents or their representatives as appropriate. Overall, residents' care plans were person-centred, implemented, evaluated, and regularly reviewed. Care plans reflected the residents' changing needs, and outlined the supports required to maximise the quality of their lives in accordance with their wishes. There was evidence to confirm that advice and treatment plans from specialist services were incorporated into residents' care plans to achieve the best outcome for the residents.

There were arrangements in place to ensure that residents' communication needs were regularly assessed, and a person-centred care plan was developed in

consultation with the resident or their representative to ensure their communication needs were identified and addressed with effective interventions. The inspector spoke with several staff who demonstrated a good knowledge of residents' communication support needs, and on how this support was provided to the residents.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents, and the de-escalation techniques required to maintain their and other residents' safety. Observations on the day confirmed that staff demonstrated empathy and respect when supporting residents who became agitated. There was ongoing monitoring in place for all restrictive devices in line with the centre's restrictive practice policy. Restrictive practices were closely monitored, and a restrictive practice register was maintained in the centre.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training, and were clear on what may be indicators of abuse, and what to do if they were informed of or suspected abuse had occurred.

Safe recruitment practices were in place to protect the residents, including obtaining satisfactory An Garda Siochana (police) vetting disclosures for staff prior to commencing employment. The inspector reviewed a sample of staff personnel files, and found that they contained all the information as required by Schedule 2 of the regulations. Residents living in the centre did not require the support of the provider to act as a pension agent on their behalf. Residents were facilitated to store valuables in the centre, and had access to their valuables and funds seven days a week. There were arrangements in place to ensure that residents' finances were safeguarded through regular monitoring and reconciliation. Residents who shared their views with the inspector said that they felt safe in the centre and could talk to any member of the team if they were worried about anything.

The provider maintained good levels of communication with residents, ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were informative, and covered topics such as resident care, food and catering, resident activities and infection prevention and control issues. In addition to the structured resident meetings, the provider kept residents informed either verbally or through regular written communication.

Residents' right to privacy and dignity were respected, and staff were observed to knock on residents' doors prior to entry, and explained to the residents the purpose of their visit. There were opportunities for residents to engage in the activity programme in-line with their interests and capabilities. Residents were seen to

engage in planned activities throughout the day, while other residents pursued their own individual interests either in communal areas or in their own rooms.

Regulation 10: Communication difficulties

Residents' communication needs were regularly assessed, and a person-centred care plan was developed in consultation with each resident to ensure any difficulties with their communication were identified. Care plans identified interventions to support residents' day-to-day communication needs, and there was evidence of referral for specialist assessment where required to support residents' communication needs, such as referrals for hearing and vision. Staff were aware of residents' communication support needs and the interventions that were required to ensure they could communicate freely.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of information related to residents care records found:

- Four Care plans based on residents comprehensive assessments had not been completed within 48hrs following of their admission to the centre.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Residents' behaviour support care plans clearly detailed the residents' responsive behaviours, known triggers to the behaviours, and the effective person-centred de-escalation strategies that staff should deliver.

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate, and there was good evidence to show that the centre was monitoring restrictive practices on a regular basis.

Records showed that where restraints were used, these were implemented following an individual risk assessment, and were only used when alternatives had been trialled prior to their introduction.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that arrangements are in place to protect residents from abuse, and to provide for appropriate, and effective safeguards to promote resident care, and welfare. This was evidenced by:

- A review of training records confirmed that staff were up-to-date with their safeguarding training.
- Schedule 2 records were well-maintained, and contained all of the relevant information required, including Garda Siochana vetting disclosures, relevant qualifications, registration details for nursing staff, and employment references for all staff employed in the centre.
- There were measures in place to safeguard residents finances. These measures included a double signature policy for deposits, and withdrawals of finances, and valuables.
- A safeguarding policy was available which clearly outlined the steps to take to protect residents from all forms of abuse.
- The timely recognition, and appropriate responses to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected, and they were encouraged to make individual choices regarding their lives in the centre. Residents' privacy and dignity were respected by staff caring for them.

Resident's social activity needs were assessed, and were met by access to a variety of meaningful individual and group activities, that aligned with their interests and capacities. Residents were supported by staff to attend outings and integrate with their local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre, and their views were sought in resident meetings and in satisfaction surveys regarding the quality of the service provided. Where residents were unable to share their views, the support of their representatives was accessed, and their feedback was used by the service to enhance residents' experiences, and improve their lived environment. Residents had access to televisions, telephones, and newspapers and were supported to avail of advocacy services should they require them.

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
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Knock OSV-0006384

Inspection ID: MON-0048610

Date of inspection: 27/03/2026

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The Registered Provider acknowledges that four care plans were not completed within 48 hours of admission, as required. Following review of this finding, immediate action was taken to ensure any outstanding care plans were completed and updated to accurately reflect each resident's assessed needs and required interventions. All Nursing staff have been re-educated on the regulatory requirements and the timeframes for completion of care plans for all new admissions. The Person in Charge will ensure that all newly admitted residents' care plans are reviewed within 48 hours of admission to ensure they are fully completed and compliant with regulatory requirements.	

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 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/05/2026