



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:	26 March 2026
Centre ID:	OSV-0000194
Fieldwork ID:	MON-0048683

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 March 2026	10:10hrs to 18:20hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

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). From what residents said, and what the inspector observed, Sonas Nursing Home Ashborough was a good place to live, and residents received a very good standard of care from a dedicated team of staff. The inspector met with several residents and spoke with 12 in more detail about what it was like to live in the centre. One resident told the inspector that "this is a wonderful place to live", and another that "I couldn't speak highly enough of them". The inspector also met with four visitors who were all very complimentary of the care given in the centre.

On arrival to the centre, the inspector was greeted by the receptionist and conducted an initial walkaround with the assistant director of nursing, before completing a brief introductory meeting. Sonas Nursing Home Ashborough is a purpose-built single-storey premises, based on a scandinavian model, located on the outskirts of Milltown in County Kerry. After passing through the reception area, there was a large welcoming entrance foyer with comfortable seating and the inspector observed residents relaxing here throughout the day. The foyer was well-decorated with wreaths and colourful easter egg lights for the upcoming Easter celebrations, there was also a large fish aquarium, and a separate tank for the centre's terrapin "Shelby". The nurses station and kitchen were also located here, and a large counter created a link between the kitchen and the foyer, which allowed residents to see and speak directly with catering staff.

The inspector observed that the centre was bright, well-maintained and very clean throughout. Two clinical handwashing sinks had recently been installed, and the inspector was told that two more were due to be installed in the coming weeks. The heating system had recently undergone a significant upgrade and this allowed the room temperatures to be set individually in line with each resident's preference. The centre was divided into four areas; Daffodil, Camilla, Jasmine and Heather. Heather caters for residents with a diagnosis of dementia. A push button allowed access to Heather, and a keycode was used to exit it. The code was displayed on a butterfly symbol beneath the keypad, to allow those who could understand the code to use it freely. Each area had its own communal room with sitting, dining area, and kitchenette. Communal areas were well decorated, Residents' accommodation comprised 54 single and two twin rooms, all of which had en-suite facilities. Bedrooms were spacious and well equipped and each bedroom had a kitchenette with a washing machine, fridge and kettle. Several residents had chosen to personalise their bedrooms with their own furniture, art, plants and other meaningful items.

The centre had two well-maintained gardens, one of which was secure and could be accessed from the foyer at any time. The secure garden also had an external

smoking area for residents use. Other communal areas included an oratory, which had been decorated for the Easter celebrations with input from residents, and a large day room which was being used for activities. There were two activities staff present on the day of inspection. The inspector observed them engaging with residents on a one-to-one basis in the morning, and leading a large round of target and ball games in the afternoon. Staff clearly knew residents well, they addressed them by name and adapted games to suit their ability to participate. Activities were scheduled seven days a week in the centre and one resident told the inspector there was "something always on".

On the morning of the inspection, many residents were observed to be up and about in the foyer, the communal rooms, watching the news in the day room with activities staff, and some were seen to be relaxing in their bedrooms. Resident and staff interactions were observed throughout the inspection, and were seen to be respectful, friendly and kind. Residents described staff as "excellent" and "very helpful". One resident told the inspector that "they will do anything for you", and another said staff made time to stop and chat with them. However, one resident told the inspector that they were concerned about the turnover of staff. Communal rooms were seen to be supervised throughout the day, and the inspector observed that residents who called for assistance were responded to promptly by staff. Staff who spoke with the inspector were familiar with residents and their preferences.

The inspector observed the dining experience at lunch time in all of the units. Meals were well-presented and appeared appetising. Residents who spoke with the inspector were very complimentary about the quality and choice of food available. Daily menus were displayed, and residents were offered a choice of each course. There was a sufficient number of staff available to provide assistance as needed, in a discreet and unhurried manner. Fridges located in each communal kitchenette were equipped with a selection of drinks, and the inspector was told that a refreshments trolley was brought around three times a day offering drinks and snacks.

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

Capacity and capability

This unannounced inspection was carried out over one day by an inspector of social services. Findings of this inspection were that this was a well-managed centre with sufficient resources to ensure the effective delivery of care in line with the centre's statement of purpose. The inspector also followed up on the compliance plan submitted following the previous inspection and found that the provider had completed, or was in line to complete, all actions within the given timeframes. For example, two clinical handwashing sinks had recently been installed, and two more

were due to be completed in the coming weeks. A janitorial sink had been installed in a housekeeping room and cleaning carts had been replaced. However, some action was required with regards to fire drills as discussed under Regulation 28: Fire precautions.

Sonas Nursing Home Management Co limited is the registered provider for this centre. Since the previous inspection there had been a change in the company directors and this had been notified to the office of the Chief Inspector. There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge worked full-time in the centre, and had been in post for 17 years. On a day-to-day basis they were supported in their role by an assistant director of nursing, clinical nurse manager and senior staff nurse, as well as a team of registered nurses, healthcare assistants, housekeeping, catering, administration and maintenance staff. They also received organisational support from the groups quality manager and chief clinical officer. The centre also benefited from access to the groups' quality, human resources and facilities departments.

There were effective systems of oversight in place. Clinical governance meetings took place monthly on-site. Key performance indicators (KPIs) of care, in areas such as wound care, antibiotic use and use of restrictive practice, were recorded and discussed at weekly meetings with the person in charge and the quality manager. A comprehensive schedule of audits was in place to monitor topics such as documentation, call-bell response times, and the mealtime experience. The inspector saw that audit findings were actioned appropriately. KPI's and audit results were triangulated quarterly to further assess and monitor the quality and safety of care delivered to residents.

The annual review of the quality and safety of care for 2025 had been completed, with input from resident and family satisfaction surveys. A quality improvement plan had been developed for 2026, and identified areas for improvement included care planning, ongoing education and ongoing compliance.

Records as set out in Schedule 2, 3 and 4 of the regulations were stored in the centre and made available for inspection. A sample of staff files reviewed showed that they contained the required information including professional registration details and written references. Staffing rosters were made available for inspection, and found to be in line with the staffing levels outlined in the centre's statement of purpose. On the day of inspection, the number and skill-mix of staff appeared to be appropriate to meet the assessed needs of residents. A minimum of two registered nurses were rostered on duty at all times. Records indicated that there was good oversight of training and mandatory training was up-to-date for all staff.

Staff that the inspector spoke with said they could raise concerns with management, and that regular staff meetings took place in the centre. A staff representative had been nominated, and staff could also inform them of concerns to be raised at staff meetings.

The complaints procedure had been updated and was in line with the requirements of the regulations. The inspector reviewed a sample of records which showed that

complaints were recorded, investigated and managed in accordance with the centre's policy.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider submitted the application for renewal of registration, and included the information detailed in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rosters and the inspectors' observations, there was a sufficient number and skill-mix of staff on the day of inspection to meet the assessed needs of residents. Staff levels were in keeping with the centre's statement of purpose. Staff were seen to respond to residents in a timely manner and call-bell audits were regularly completed in the centre. There was a minimum of two registered nurses rostered on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with mandatory training in the centre. A small number of staff were due to complete manual handling training and this was planned for the week following the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained all the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of four staff files and found they contained the information specified in Schedule 2 of the regulations, and had valid Garda Síochána (police) vetting in place before commencing their role in the centre. A review of records showed that all rostered nurses in the centre were registered with the Nursing and Midwifery Board of Ireland.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that there was an up-to-date contract of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place to ensure the service provided to residents was safe, appropriate and consistently monitored. There were clear lines of authority and accountability in place. An annual review of the quality and safety of care delivered to residents in 2025 had been completed, and a quality improvement plan for the year ahead had been developed. The review included consultation with residents and their families from satisfaction surveys conducted.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed prominently in the centre and met the requirements of the regulations. Complaints were recorded, investigated and managed in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that residents in Sonas Nursing Home Ashborough received a very good standard of person-centred care. Residents' rights were supported and promoted in the centre, and they were facilitated to access appropriate medical and health care.

Residents had good access to general practitioner (GP) services. Residents also were supported to access health and social care services such as occupational therapy, dietitian and speech and language therapy. There was a physiotherapist present in the centre three days a week. Residents told the inspector how much they valued this service and one resident told the inspector they would love to see it increased. Access to community services such as the integrated care programme for older people (ICPOP) and community palliative care was supported.

Care planning documentation was stored securely on a computer-based system, and was made available for inspection. Care plans were developed and updated in a timely manner, as required by the regulations. Evidenced-based assessment tools were used to assess aspects of residents' care, such as their skin integrity, and this information was used to inform care plans. The inspector reviewed a sample of five care plans and found that they were person-centred and detailed, with residents' preferences with regards to communication, social interaction and other care needs clearly documented.

The provider had taken reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy in place to guide staff, and records indicated that all staff had completed relevant training. The provider was not a pension agent for any resident in the centre on the day of inspection. There were clear procedures in place for the management of petty cash held for residents. Residents told the inspector that they felt safe living in the centre.

The inspector saw meeting minutes that showed residents' meetings took place in line with the centre's statement of purpose. Topics such as activities, food, updates to the premises and staff news were all discussed. A resident's committee had just been established and the inspector spoke to two residents who had been nominated to the committee, and were looking forward to its first meeting. Residents told the inspector that they had been made aware of the change in the company directors and one had come to speak with them. Activities were scheduled seven days a week, and on the day of inspection two staff members were providing activities including target and ball games. The physiotherapist was also on site, and provided one to one sessions. The inspector saw from records that community involvement was encouraged and residents had enjoyed a number of events over the past months, including one where the Sam Maguire cup was brought in to the centre for a resident's birthday.

Since the previous inspection, flooring had been replaced in some bedrooms and there was an ongoing programme to replace furniture that displayed signs of wear and tear. The inspector saw that new beds, lockers and chest of drawers had recently been put in place in some rooms. The group facilities manager attended the centre regularly to meet with maintenance staff and conduct walkarounds. The inspector saw that there was a comprehensive maintenance plan that prioritised and scheduled upcoming projects, such as areas requiring painting or equipment for repair.

A review of fire precautions showed a number of good practices. The outdoor smoking area was equipped with a call-bell and fire fighting equipment. The fire safety procedure was displayed prominently in the centre. Escape routes were kept clear and personal emergency evacuation plans had been completed for all residents. Systems were in place for the testing and maintenance of the fire alarm system, fire doors, emergency lighting and fire fighting equipment. Fire drills were conducted; however, they were not carried out in line with the centre's policy as detailed in Regulation 28: Fire precautions.

Regulation 17: Premises

The registered provider had ensured that the design and layout of the centre was appropriate to the needs of the residents. There was good oversight of maintenance issues in the centre, the heating system had recently been upgraded, and an ongoing programme to replace furniture that displayed signs of wear and tear was in place.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector observed the dining experience and saw that residents were offered choice at mealtimes. Meals were observed to be appetising and residents were complimentary of the quality and choice of food. Residents risk of malnutrition was assessed using evidence-based assessment tools, and could access speech and language therapy and dietetics services as required. Recommendations from these services were clearly documented in residents' care plans. From speaking to catering staff, and reviewing documentation, there were clear systems in place to communicate residents' preferences and specific dietary requirements. Meals were fortified as needed in line with residents' nutritional assessments.

Judgment: Compliant

Regulation 28: Fire precautions

While a number of good practices were in place, fire drills which included evacuation simulations at night-time staffing levels were not completed monthly as per the centre's policy to provide assurance of safe evacuation of residents in case of fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge facilitated the pharmacist in meeting their obligations to residents. Medicinal products were stored securely in the centre. The inspector reviewed a sample of medication administration records and saw that they were maintained in line with professional guidelines. There were systems in place for medicinal products, which were out of date or no longer required, to be segregated and returned to the pharmacist for disposal.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of five care plans. Care plans were seen to be developed in a timely manner and reviewed every four months or more often if required. Care plans were person-centred and detailed enough to guide care. Evidence-based assessment tools were used to assess areas of risk, including skin integrity and risk of falling, and the results of these were used to inform care.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access a general practitioner of their choice. A physiotherapist attended the centre three days a week and residents told the inspector how much they valued this. A review of care plans indicated that recommendations from medical or health and social care professionals were incorporated into their care in a timely manner.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke to the inspector reported they felt safe living in the centre. A safeguarding policy was in place to guide staff in protecting residents from abuse and training in safeguarding was up-to-date for all staff. The provider was not a pension agent for any resident in the centre. Where petty cash was held for a resident, records were maintained and signed appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings took place regularly, and a resident's committee also had recently been established. Access to advocacy services was displayed in the centre. Residents were facilitated to exercise their religious rights and mass took place weekly in the centre. The provider had provided facilities for occupation and recreation in the centre and activities were scheduled seven days a week.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sonas Nursing Home Ashborough OSV-0000194

Inspection ID: MON-0048683

Date of inspection: 26/03/2026

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Schedule 5 policy SNH 109/17 has been reviewed in line with the practices and these have now been aligned. The policy now states "Fire evacuation drills are necessary to test evacuation procedures and strategies and to show that they will work. This means that scheduling and carrying out fire evacuation drills are an important part of the governance and management arrangements for the fire safety programme. Fire drills will reflect real-life scenarios. Drills also demonstrate that: everyone can be evacuated within the safe evacuation time, the staff know the evacuation procedure to be followed, evacuation is practised to the point where it becomes an automatic response to a fire alarm. Fire drills will be carried out monthly and some drills must factor in the night-time staffing levels. The policy had previously stated that night-time staffing drills would occur monthly but this was not the practice. Monthly drills do occur but with various different scenarios. The Quality Manager will review the fire book at all monthly governance meetings to ensure that drills for all staff compliments and all scenarios are being conducted on a monthly basis.</p>	

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 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/05/2026