



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

## Issued by the Chief Inspector

Name of designated centre:	Sonas Nursing Home Tullow
Name of provider:	Sonas Nursing Homes Management Co. Limited
Address of centre:	Shillelagh Road, Tullow, Carlow
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0005417
Fieldwork ID:	MON-0047085

## About the designated centre

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

Sonas Nursing Home Tullow is a purpose-built, single-storey residential service for older persons. The centre is situated a short driving distance from Tullow town in a village community setting. The centre provides accommodation for a maximum of 60 male and female residents aged over 18 years of age. Residents are accommodated in single bedrooms throughout, each with en-suite shower, toilet and wash basin facilities. The centre provides long-term, respite and convalescence care for residents with chronic illness, residents with an intellectual disability, acquired brain injury, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

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

Number of residents on the date of inspection:	50
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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 20 November 2025	08:30hrs to 16:20hrs	Aoife Byrne	Lead
Thursday 20 November 2025	08:30hrs to 16:20hrs	Frank Barrett	Support

## What residents told us and what inspectors observed

Inspectors found that residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff that knew them well. Residents were complimentary about staff and the care they provided.

This unannounced inspection was carried out over one day. There were 50 residents living in the centre on the day of inspection. On arrival inspectors spent time walking through the centre, which provided an opportunity for inspectors to introduce themselves to residents and staff. Some residents were observed to be up and about while others were having their morning care needs attended to by staff.

As inspectors walked through the centre, they noted that many residents were relaxing in communal areas where activities were taking place. Inspectors found that the premises was bright and clean throughout. There was a programme of refurbishment underway, with works ongoing to update any areas that required attention. Residents had free access to two secure patio areas, with ample patio seating which allowed residents to sit and enjoy the outdoors when the weather permitted.

Inspectors observed the dining experience at lunch time and saw that the meals provided were well-presented and looked nutritious. Braised beef steak and seafood and spinach pie was available for residents on the day of inspection. Staff were observed sitting beside residents assisting them with their lunch in an unrushed manner. Feedback from residents was positive. They reported to enjoy the meals with comments such as "the grub is great" and "food is delicious". However, one resident stated "there could be more variety with the food".

Residents living in this centre were supported to enjoy a good quality of life. Inspectors spoke with several residents over the course of the day and all residents spoken with said that they were happy living in the centre. One resident said that "the staff are very kind", while another resident said "the place is spotless clean". However one resident did mention that "sometimes I'm waiting a while for staff to answer the call bell". Visitors expressed high levels of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with management and staff were positive.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was a one-day, unannounced inspection. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), following an application by the registered provider to renew the registration of the centre. The information supplied with the application identified discrepancies between the floor plans and statement of purpose submitted and the actual building during the course of the inspection. The actions the registered provider committed to taking in the compliance plan following the previous inspection in February 2025 was reviewed by the inspector on this inspection. While some actions had been taken, further action was required in respect to fire precautions and care plans.

Sonas Nursing Home Tullow is operated by Sonas Nursing Homes Management Co Limited who is the registered provider of this designated centre. The person in charge was supported by an assistant director of nursing and a clinical nurse manager.

There were good management systems in place such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was monitored through a series of audits, which included care plans, falls and infection prevention and control. Care plan audits identified the concerns raised by the inspectors and an action plan was in place to address these issues and this is further discussed under Regulation 5: Individual assessment and care plans.

The providers management of fire safety was reviewed during this inspection. Records reviewed indicated that staff were up to date on fire safety training, and were completing regular fire drills. There was a staff member trained to facilitate the fire drills, and the review of those drills indicated that each area was being evacuated, and there was a high standard of detail in the record of those drills. A fire safety risk assessment (FSRA) was completed at the centre by an external fire safety professional in March 2025. However, additional concerns were noted relating to compartmentation on this inspection. There was a fire safety policy available, and reviewed, however, some areas covered by this policy to ensure resident safety from fire were not being followed. There were personal emergency evacuation plans (PEEPs) in place for each resident to assist staff in the event of a fire and evacuation. These PEEPs identified the correct escape route, and evacuation aid to use for each resident in the event of a fire. The PEEPs were updated regularly to reflect the changing needs of the residents. Fire safety is discussed under Regulation 28: Fire Precautions, and the management of fire safety is discussed under Regulation 23 Governance and Management.

## Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame. However, some areas of the floor plans and statement of purpose required review;

- external storage structures used for operating the designated centre required to be registered
- rooms were not as described on the floor plans submitted as part of the application for example; A room labelled as a store room was used as a staff changing area

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety and infection prevention and control was completed for staff. Staff who spoke with inspectors said they received regular training updates.

Judgment: Compliant

## Regulation 23: Governance and management

An annual review of the quality and safety of care delivered to residents had been completed for 2024, however, it did not include the opinions and feedback on the running of the centre from the residents.

The findings of this inspection were that the oversight systems required strengthening to ensure all areas of the service were safe, appropriate, consistent and effectively managed. For example:

- Some areas of fire practice were not being carried out in line with the policy. These included residents smoking, as an area used by residents to who wished to smoke, was not fitted with appropriate fire control measures as set out in the policy including fire extinguishers and call bells.
- The fire safety policy at the centre referred to floor plans which indicate the location of the compartment lines. The plans were in place but did not have all of the required information to align with the policy. This could cause confusion in the event of a fire.

- The provider had committed to updating care plans in their compliance plan from the inspection in February 2025, however, these measures had not been fully implemented or sustained. The audit findings had identified these issues however the action plan was not fully carried out at the time of inspection.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and this was made available for review. It was found to contain all relevant information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that residents living in Sonas Nursing Home Tullow were experiencing a good standard of care and support which ensured that they could enjoy a good quality of life. Residents' health, social care, and spiritual needs were met to a good standard. Action was required by the provider in relation to care plans and fire precautions.

Residents' records were maintained on an electronic system. There was evidence that a comprehensive assessment was carried out for residents before, or on their admission to the centre, and that a care plan for residents within 48 hours of admission. However, the inspector found that some of the care plans contained information about the resident that was not up to date. This is repeat finding from

the last inspection and is further discussed under Regulation 5: Individual assessments and care plans.

Overall there were good practices in medication management. Registered nurses were knowledgeable of their professional responsibilities in relation to medicines and were seen to administer medicinal products in accordance with the directions of the prescriber.

The premises of the centre is laid out over a single story, in a mixed residential and rural area on the outskirts of the town of Tullow. The single storey nature of the building allowed for easy access for residents and their families. The centre was well maintained on the day, with ongoing painting work on some corridors. While there were storage spaces the amount of space available was not not sufficient for the needs of the centre. There were external storage structures used by the centre which were not registered on the floor plans, and some rooms were not as described on those floor plans.

The arrangements in place at the centre to protect residents from the risk of fire were assessed. While the provider had systems in place to detect and warn of fires, as well as fire extinguishers, emergency lighting and staff understood their role, a critical element of compartmentation required further review. The design of the centre was aligned with the practice of progressive horizontal evacuation of residents in the event of a fire and evacuation. This practice requires robust compartments, which can provide a place of relative safety for residents if the compartment in which they are situated is the source of the fire. Staff can assist residents to evacuate to the next compartment, and progress further on in stages. While staff training, and fire drills relied on compartment lines where fire doors cross the corridors, it was noted on this inspection that many of these fire doors did not provide the appropriate level of protection from fires, and would not withstand fire smoke and fumes for the expected amount of time. This also meant that where staff understood the compartment to be a grouping of rooms, in reality, many of the compartments were much larger. This and other fire safety issues are discussed under regulation 28: Fire Precautions.

## Regulation 17: Premises

Overall, the premises was well maintained and presented.

Judgment: Compliant

## Regulation 27: Infection control

Following up on the compliance plan from the last inspection in February 2025, all infection prevention and control actions had been taken to address the concerns identified at the time.

Judgment: Compliant

## Regulation 28: Fire precautions

Overall, it was noted that the provider was promoting fire safety practice, and staff were knowledgeable on their roles. However, this inspection found that further work was required to protect residents from the risk of fire.

For example:

- Storage practice was impacting on the risk of fire. Flammable items such as aerosols were stored in close proximity to combustible items such as tissue paper and cardboard within a store room.
- The resident smoking area did not contain the required equipment to ensure that residents and supervising staff had access to fire fighting equipment and to raise the alarm if they got into difficulty.

Improvement was required by the registered provider to make adequate arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes, location of fire alarm call points, first aid fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. For example:

- Floor plans posted on the walls throughout the centre for the purpose of providing assistance to emergency evacuation, did not indicate critical information. The plans did not indicate the compartment lines which would indicate a place of relative safety in the event of a fire. The plans did not indicate the evacuation routes and did not indicate the location of the assembly points.
- The fire assembly point in the carpark was not easily identifiable from the signage on the day of inspection. The signage was obscured, and there did not appear to be sufficient space to gather residents at the assembly point in the event of a fire. The assembly point was also located in a highly trafficked area, and in close proximity to the fire hydrant which may be required to be accessed by the fire brigade in the event of a fire.

Improvement was required of the registered provider to make adequate arrangements for containing fires. For example:

- Compartment boundaries were not sufficient to provide the required fire rating to align with the fire safety design of the building. Many compartment fire doors were identified as 30 minute rated doors, and not the required 60

minutes of fire resistance. This would impact on the amount of time available in an evacuation.

- A review was required of other fire doors in the centre, including some doors which had damaged smoke seals, a door to a drugs store room which was in poor condition and a door to the kitchen which would not close.
- Services which penetrated the compartment line at the ceiling in one store room were not fire sealed. This would mean that fire smoke and fumes would not be contained within the store room and would allow fire to spread into the attic space above the adjoining resident bedrooms.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

The inspectors observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans and found that some of the care plans had not been updated and contained information from 2024. Additionally, the nursing and medical interventions were recorded in the plan of care, resulting in a lack of clarity in respect of the care to be provided.

This is a repeat finding from the previous inspection.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant

# Compliance Plan for Sonas Nursing Home Tullow OSV-0005417

Inspection ID: MON-0047085

Date of inspection: 20/11/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:            External storage structures – Now shown on the floor plans and listed on the SOP.            Room use – Floor plans and SOP revised to reflect change of room use.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The area at the time of the inspection which was being used by residents to smoke is no longer being used and residents who wish to smoke are facilitated to smoke in the designated smoking area which has a call bell, fire blanket, fire extinguishers are now all in place.            The floor plans in each compartment have been updated to clearly identify escape routes in the event of a fire.            A project to improve the care plans and address audit findings is underway and the provider has approved additional nursing hours in order to complete this.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  All aerosols and other flammable products have been immediately removed from the area and are now stored in a designated, well-ventilated storage unit away from combustible materials. The store room has been reorganised to ensure clear segregation between combustible and non-combustible items. A review of all storage areas within the Centre has been completed to ensure compliance with fire safety guidance. Staff have been reminded of safe storage procedures. These will be overseen by the PIC to ensure that these safe storage practices are in place.</p> <p>The area at the time of the inspection which was being used by residents to smoke is no longer being used and residents who wish to smoke are facilitated to smoke in the designated smoking area which has a call bell, fire blanket, fire extinguishers are now all in place.</p> <p>All staff receive comprehensive fire training during their induction that is specific to the nursing home in Tullow. Fire safety refresher training is done annually or more frequently if required. Records are maintained of attendance through the training matrix to ensure full compliance and timely renewal. Regular fire drills including simulations of different scenarios including night time evacuations and for resident clothing fire incidents will be recorded. Learnings from these drills are documented to inform improvement in performance. All staff have received up-to-date training.</p> <p>Floor plans throughout the building have been revised to clearly identify the nearest escape route and the location of the fire assembly points.</p> <p>The Fire assembly point in the car park has been relocated to a safe space for residents to gather in the event of a full evacuation. It is clearly identifiable with appropriate signage.</p> <p>The compartment fire doors that require upgrading to 60-minute doors have been identified and a replacement plan is ongoing with remedial works and replacements to be complete by the 22/05/2026.</p> <p>Damaged smoke seals have been replaced, the kitchen door is now closing and the drugs room door will be part of our replacement schedule.</p> <p>The ceiling has been fire sealed in order to prevent the spread of smoke.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

An Immediate review has taken place to review the Care Plans, they are currently being updated to reflect current assessments, needs and interventions. this review also included removal/archiving of historical data in line with the policy documentation. Additional Care Planning training and Mentoring has been put in place to support the Nursing Team to understand how to write 'person centred' care plans. These will be reviewed at appropriate intervals and updated following any changes in a resident's condition. The PIC will audit Care Plan supported by the Quality Manager. These findings are then discussed at the monthly governance meetings to support continuous improvement. The provider has approved additional nursing hours in order to complete this.

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## 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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	20/02/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/02/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions	Substantially Compliant	Yellow	20/02/2026

	against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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	20/02/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2026
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	30/04/2026