

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:	19 June 2025
Centre ID:	OSV-0005422
Fieldwork ID:	MON-0047490

About the designated centre

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

Sonas Nursing Home 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.

Sonas Nursing Home is situated on the outskirts of Athlone town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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
Thursday 19 June 2025	08:20hrs to 16:40hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection the inspector spoke with residents, visitors and staff to gain insight into what it was like to live at Sonas Nursing Home Athlone. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents.

The inspector met numerous residents living in the centre and spoke with 8 residents in more detail to gain a view of their life in the centre. All were very complimentary in their feedback and expressed satisfaction about the care provided. Resident feedback included 'this is a special place and they treat me so well and anything I ask for they get'. Another said 'they could not ask for better and its nothing like the RTE program here'. Further feedback included 'they are so good they come quickly when called and the food and activities are brilliant'. Two residents mentioned, 'the food is not always as good as other days' and 'doesn't always seem homemade'. Another comment made by a resident was that any resident surveys sent around were not anonymous and that feedback may not be as truthful as when they are unidentified.

There were residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate appeared to be generally comfortable throughout the day.

Sonas Nursing Home Athlone provides long term care for both male and female adults with a range of dependencies and needs. The designated centre can accommodate a maximum of 58 residents in single and double ensuite bedrooms. There were 58 residents living in the centre on the day of the inspection with no vacancies. The centre is located on the outskirts of the town of Athlone.

On arrival to the centre, the inspector was met by both the person in charge (PIC) and the assistant person in charge (APIC) and they both facilitated the inspection. Following an introductory meeting the inspector and APIC completed a walk around the centre, giving an opportunity to see residents in their home environment and to observe staff practices and interactions. Residents were observed taking part in activities inside the building and outside in the enclosed garden. Sitting in communal rooms, receiving visits from relatives, walking along corridors and some residents remained in their bedrooms to rest in line with their preferred daily routines. There was a varied activities schedule in place and available for residents to review on the notice board.

During the walk around staff were seen to be responsive and attentive without any delays attending to residents' requests and needs. Several of the residents spoke of exercising choice over their day and being satisfied with activities available. Four relatives were spoken with and all gave positive feedback such as 'mom is safe

here', 'everyone is lovely and no one rushes dad' and finally all of the relatives told the inspector they knew who to complain to if there were issues of concern.

The design and layout of the premises met the individual and communal needs of the residents. The building was clean, well-lit, warm and adequately ventilated throughout. Corridors were spaciouly wide to accommodate residents using mobility aids such as wheelchairs and walking aids. Residents had access to a several communal areas on each floor.

Residents' bedrooms that were viewed by the inspector were all clean, contained plenty of storage, and decorated with personal items, such as photographs, and soft furnishings. Televisions, internet and call bells were provided in these bedrooms.

The centre provided a laundry service for residents. Residents whom the inspector spoke with were happy with the laundry service and there were no reports of items of clothing missing. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was however, inappropriate storage of clean linen seen in this room, which may become contaminated whilst laundry procedures are taking place.

There were sluice rooms available for the reprocessing of bedpans, urinals and commodes which were clean and contained well maintained and serviced equipment needed for the functions of this room. One of the sluice rooms had a double function storing housekeeping chemicals. This practice required review as processing rooms such as these should have a single function to prevent the spread of infection to stored equipment.

Both floors had nurse's clinical rooms for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. These rooms were observed to be clean and tidy. Sinks were accessible to staff within these rooms, however the upstairs clinical room sink was not compliant with infection prevention and control (IPC) national standards.

The housekeeping room supported effective IPC. This room included a janitorial unit with hand wash sink, space for storing and preparing trolleys and cleaning equipment. This room was well-ventilated, clean, with easy-to-clean surfaces. Residents and visitors spoken with were very happy with the standard of environmental hygiene.

A schedule of maintenance works was ongoing, ensuring the centre was maintained.

Alcohol hand gel dispensers were in place along the corridors but were not available at the point of care in resident bedrooms.

The dining areas were clean and well designed to meet the needs of the residents. The main kitchen was also clean and of adequate size to cater for resident's needs. The catering staff had their own housekeeping room and changing room.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

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

Overall, this was a well-managed centre with a commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met Regulation 27: infection control with improvements needed around; hand hygiene facilities, linen storage and inappropriate storage in one of the sluices. Additionally, Regulation 9 which deals with resident rights. Improvements are required with anonymous resident feedback. This will help enhance the feedback process and ensure residents feel comfortable voicing their opinions and concerns.

There was no outstanding actions following the previous inspection in May 2024 as all the regulations considered on that inspection were found to be compliant.

The registered provider is Sonas Nursing Homes Management Company Limited. The provider is a national provider with a number of nursing homes in Ireland. The inspection was facilitated by the PIC, APIC and the provider's regional manager for the area. The local team consists of PIC, APIC, staff nurses, health care assistants, household, activities, catering, maintenance, a part time physiotherapist and administration staff.

The provider had supported a staff nurse to complete the IPC link nurse training. The IPC link practitioner demonstrated a commitment and enthusiasm for their role. For example, completing antibiotic surveillance, regular IPC audits and face to face hand hygiene training. However, the link practitioner did not have protected time for this role on the roster which is important for their ability to progress this role.

National Guidelines for IPC were available in the centre and accessible to staff. Efforts to integrate IPC guidelines into practice were underpinned by IPC education and training. Training was provided on site by the link practitioner using a blended learning approach that included face to face sessions and e-learning.

IPC audits were undertaken regularly and covered a range of topics including, equipment and environment hygiene, hand hygiene and care plans. Audit reports included time bound action plans to address any issues identified.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant

organisms (MDRO) colonisation was routinely undertaken and recorded. Also the centre ran regular IPC simulation drills which was another approach in staff education ensuring learning and regular reinforcement with what to do in the event of an outbreak or similar.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken to had a good understanding of the cleaning and disinfection needs of the centre. There were 2 housekeepers on duty 7 days per week, which was in accordance with the centres statement of purpose (SOP) and the centre was seen to be very clean. There was an pro-active maintenance and refurbishment program in place and it was seen on the day of inspection where items were well maintained, cleaned and upgraded.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meetings. The quality and safety of care was being monitored through a schedule of audits including IPC. The inspector found that the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service. Quality improvement plans were developed in line with the audit findings. An annual review of the quality and safety of care delivered to residents had been completed for 2024.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner. Line listings were maintained and outbreak communication with local Health Service Executive (HSE) teams was held to oversee the management of the outbreaks. The PIC had also completed a review of the management of the last respiratory outbreak to assess how effectively the outbreaks were identified, managed and controlled.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets and showers were run weekly, showers and water tanks were regularly maintained. Documentation was available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

Regulation 15: Staffing

On the day of inspection there were adequate levels of nursing and care staff on duty for the size and layout of the centre. There was at least two registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Both local and national IPC policies were available to guide and support staff.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents. The provider ensured that service delivery was safe and effective through ongoing IPC supervision, audit and surveillance.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall, residents spoken with said they had a good quality of life. Both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff, and residents had opportunities to participate in group or individual activities. These included arts and crafts, gardening and music therapy.

Residents were consulted with regarding the running of the centre through monthly residents' meetings which were well attended by the residents. From a review of minutes of these meetings, it was evident that issues such as food and activities

were discussed. Action plans were completed to address any issues or requests from residents from these meetings.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. There was also a visitor policy in the event of an outbreak.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

An IPC assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to be person-centred. Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. The inspector reviewed the management of wound care and catheters and found they were generally well managed and guided by adequate policies, practices and procedures.

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

Staff were observed to apply basic IPC measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as appropriate use of personal protective equipment, cleaning and safe handling of waste and used linen.

Notwithstanding the good practices in IPC there were some areas that needed improvement. For example, the provision of hand hygiene sinks and alcohol gel at the point of care was not sufficient. There were clinical hand wash sinks in the centre but not enough along resident corridors for easy staff access. Similarly, alcohol hand gel was available along corridors but not at the point of care (in resident bedrooms). Cloth tourniquets (A tourniquet is a band that is wrapped around the upper arm tightly to restrict blood flow before taking a blood sample) were present in clinical rooms. These items are very difficult to clean and disinfect in these settings so should be replaced with single-use tourniquets to reduce the risk of cross infection between residents and staff.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were

encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.
Judgment: Compliant
Regulation 17: Premises
The registered provider generally ensures that the premises of the designated centre were appropriate to the number and needs of the residents of the centre.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
The national transfer document was incorporated into the centre document management system. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.
Judgment: Compliant
Regulation 26: Risk management
There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.
Judgment: Compliant
Regulation 27: Infection control
The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- Alcohol hand rub was not available at the point of care for each resident. This meant that there was an increased risk of the spread of infection.
- There was not adequate clinical hand washing facilities on corridors adjacent to resident rooms, to assist in easy access to hand washing.
- The hand wash sink in the upstairs clinical room was not compliant with national IPC standards.
- Cloth tourniquets seen in clinical rooms if not effectively cleaned and disinfected can harbour microorganisms and increase the risk of cross-contamination and healthcare-associated infections.
- There was inappropriate storage of clean linen stored in the laundry room, which may become contaminated whilst laundry procedures are taking place.
- Inappropriate storage of cleaning chemicals and equipment in upstairs sluice room.
- No dedicated hours on roster for IPC link nurse to enable this role to be adequately performed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans and assessments found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of healthcare specialists.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example; the volume, indication and antibiotic use was monitored and analysed each month. Infection prevention measures were targeted towards the most common infections reported. Staff were knowledgeable about the national "Skip the Dip" campaign that reduces the use of urine dipsticks as a tool to indicate if a resident had a urine infection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. Residents also had access to an independent advocacy service.

However, residents' surveys were not anonymous and this may hinder the collection of honest feedback needed to improve the quality of care and allowing for a clearer understanding of residents' experiences and any potential issues.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sonas Nursing Home Athlone OSV-0005422

Inspection ID: MON-0047490

Date of inspection: 19/06/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have completed a further risk assessment of the placement of hand sanitiser dispensers. This has enabled us to determine where any additions were required. We will keep this under review and in accordance with the individualised PCRA for each resident.</p> <p>We have this risk on our risk register and we have our control measures in place. We installed two sinks this year and our capex budget for next year will factor in a requirement for additional sinks. 31/03/2026</p> <p>The hand washing sink in the upstairs clinical room will be replaced by 30/09/2025.</p> <p>All cloth tourniquets have been replaced with single use tourniquets.</p> <p>The storage of clean linen has been reviewed and relocated. Clean linen is no longer stored in the laundry room and is now kept in a separate designated area.</p> <p>Cleaning chemicals are no longer stored in the sluice room upstairs.</p> <p>The IPC link nurse receives dedicated study hours and rostered hours through a team arrangement with the home management team. Clinical duties are performed by the management team in order to release the IPC nurse to IPC duties. This enables both clinical supervision by the home management team and dedicated IPC time for the IPC link nurse.</p>	
Regulation 9: Residents' rights	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Prior to the inspection this had been raised at one of the residents meetings and our plan to address it is as follows: For the 2025 surveys, our Independent Advocate will be available to assist any residents who would like help completing the survey. A locked box will also be placed in the reception area where residents can securely leave their completed surveys.</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 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	31/03/2026
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/07/2025