



**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:	Ashley Lodge Nursing Home
Name of provider:	Ashley Lodge Nursing Home Limited
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	09 April 2025
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0045420

About the designated centre

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

Ashley Lodge is a single-storey purpose-built centre situated on the outskirts of Kildare town. The centre can accommodate 55 residents, both male and female, for long-term and short-term stays. Care can be provided for adults over the age of 18 years but primarily for adults over the age of 65 years. 24-hour nursing care is provided. Residents' accommodation is arranged over three wings which meet at the reception and communal rooms. Residents' bedroom accommodation comprises 43 single rooms and 6 twin rooms. The majority have en suite facilities. There are three spacious lounges, our Day Room, Library / Visitors Room and Sun Room, for residents to relax and enjoy the many in house social activities. Our Kitchen serves a large bright dining room, where meals are served.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 April 2025	08:35hrs to 17:00hrs	Aislinn Kenny	Lead
Wednesday 9 April 2025	08:35hrs to 17:00hrs	Maureen Kennedy	Support

What residents told us and what inspectors observed

From what the residents told the inspectors, and from what inspectors observed, Ashley Lodge Nursing Home was a nice place to live. The overall feedback from the residents was that they enjoyed a good quality of life and were supported by staff who were kind and caring.

On the day of the inspection, the inspectors observed a homely atmosphere, throughout the centre. Residents were well cared for by a committed and dedicated team of staff, who worked hard, to ensure the residents were supported with all their needs. All of the residents and visitors spoke with were complimentary of the staff. One resident informed the inspectors that 'it's marvellous here, staff are fantastic'.

Following an introductory meeting with the person in charge inspectors walked around the building. The centre is laid out on one floor and is divided into three wings off the main reception area where most residents' bedrooms were located. There were three communal rooms off the main reception corridor, the library, lounge and sun room. These were all observed in use by residents and their families on the day of the inspection. Inspectors observed a new hairdressing room that had not yet been completed and still required a sink, storage units, and inspectors observed there was a crack in the window in this room. Inspectors were informed by management that this work was due to be completed in the coming weeks. A new communal bathroom on wing two had been completed and was awaiting the installation of grab rails to ensure residents' safety. Externally, inspectors observed a newly built staff room and storage unit on the grounds of the centre which was being used to store archived files and separately, cleaning chemicals.

Inspectors spoke with residents who were relaxing in the outside courtyard and enjoying the sunshine on the day. This area was accessible for residents via a ramp from the main corridor and there were seating areas and tables along with the residents' smoking area. Generally, the building was bright and clean however, there was some wear and tear observed in areas of the centre. Inspectors observed seals on exit doors that required repair or replacement and there was scuffing observed on the end of some residents' bedrooms doors. Inspectors also saw there were gaps under some of the fire doors in the building and a large gap in the library room door where the floor covering had recently been replaced in the area. During the walk around inspectors observed seven containers of fuel which were being stored beside the centre's generator in the grounds of the centre, an immediate action was issued for their removal and they were removed before the end of the inspection.

Laundry facilities were provided on-site, and residents said their clothes were laundered regularly and returned safely to them and there was a system in place to facilitate this.

Residents were seen receiving visitors throughout the day and visitors spoken with

confirmed there were no restrictions on visiting the centre.

Activities were provided in the lounge. There was an activities schedule on display in the reception area and on the day of the inspection some residents were preparing to go out for a day trip to a local garden centre. Other residents were observed enjoying the sunshine in the courtyard or participating in games.

Inspectors observed the mealtime dining experience and saw that residents were offered a choice of main meal and dessert. A selection of drinks were available during mealtimes and throughout the day for residents to enjoy.

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

Capacity and capability

Overall, this was good provider who was striving to provide a good quality service and working towards regulatory compliance. Improvements had been made in relation to the fire safety precautions in the centre and aspects of the premises since the last inspection on 1 August 2024 . The registered provider had completed most of the actions on the previous compliance plan within the time frame given. However, some areas required further attention and oversight as outlined further in the report. The registered provider had applied to vary the registration of the centre to change the use of two rooms in the centre and to create additional storage and staff areas on the grounds of the centre. Although most works had been completed, there were some outstanding items such as grabrails, sinks and storage which meant that the facilities were not fully equipped and ready for inspection. 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 2013-2025.

Ashley Lodge Nursing Home Limited is the registered provider for Ashley Lodge Nursing Home. The centre is part of a large group who own and operate centres across Ireland. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a regional director who was present on the day of inspection. The person in charge was responsible for the local day-to-day operations in the centre and was supported in their role by the assistant director of nursing (ADON), clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff. There were systems in place to ensure oversight of the centre however, some of these required strengthening to ensure the effective and safe delivery of care in accordance with the centre's statement of

purpose.

The registered provider had prepared an annual review for 2024, and a quality improvement plan was in place to address areas that required improvement in 2025. There were monthly governance meetings seen to be taking place where areas such as falls review, residents' satisfaction and maintenance were discussed. The registered provider had arrangements in place to facilitate staff to raise concerns about the quality and safety of the care and support of residents. Staff spoken with were aware of how to raise any such concerns.

Staff had access to appropriate training and a schedule for refresher training was in place. Staff demonstrated understanding of safeguarding and human rights-based approach and were appropriately supervised in their roles.

The inspectors found that records were stored securely. Records, as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection, were well-maintained in the centre and were made available for inspection.

A sample of residents' contracts of care were reviewed by inspectors and three out of five contracts reviewed did not contain information on residents' fees. This information was contained in a document separate to the contract.

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of staff personnel files. These contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 22: Insurance

Residents and their property was appropriately insured in the centre, in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Overall, while there were improvements noted to the management systems within the centre to ensure that the service provided is safe, appropriate consistent and effectively managed, further actions were required including:

- Oversight of fire precautions required strengthening. On the day of the inspection containers of fuel were being stored beside the generator creating an unmitigated risk of fire. At the request of the inspectors, these were removed before the end of the inspection.
- The registered provider did not ensure that the rooms set out in the application to vary the registration were fully ready for inspection.
- Not all compliance plan actions from the previous inspection had been completed. The signage to some bedroom doors was conflicting. For example, a fire door had signage that said keep door open and another sign on the same door saying fire door keep shut. This was a repeat finding from the previous inspection.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts of care between the resident and the registered provider. Not all contracts contained the fees charged to the resident for the services provided. Details of fees charged were available in separate files and not within the contract of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre and contained all the information as per schedule 1.

Judgment: Compliant

Quality and safety

Overall, the inspectors found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. There was evidence of residents' needs being met through good access to health care services and opportunities for social engagement. However, further improvements were required in relation to premises, and fire precautions as discussed further in the report.

Staff described how residents received a good level of ongoing support from visiting general practitioners (GPs) and social and health care professionals including occupational therapists, dietitians and speech and language therapists (SALT). A full range of other services was available on referral including chiropody, dental, optical services and psychiatry of later life services. There was evidence that residents were being supported with their health care needs and were facilitated to attend national screening programmes. The food served to residents appeared to be wholesome and nutritious, and the food was attractively presented. Adequate quantities of food and drink were made available to residents. There was an appropriate number of staff members available to assist residents when and if required.

Inspectors saw evidence that residents' pensions were being collected on their behalf and were being paid into a bank account that was clearly identified as a separate client account dedicated to the management of residents' funds in line with the Social Protection Department guidance. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. There were advocacy posters displayed throughout the centre.

The registered provider had taken action to address areas of the premises identified on the previous inspection and these improvements were evident on the day of the inspection however, further attention was required to ensure the wear and tear observed on the day were also addressed as outlined under Regulation 17:

Premises.

Improvements had been made to the fire precautions in the centre and a fire safety risk assessment was due to be completed in line with the compliance plan from the previous inspection. Nonetheless, while work had been undertaken to address the gaps in the fire exit doors, this remained an issue on the day of the inspection. Some fire doors had significant gaps under them including some which had already been replaced. The provider informed inspectors that a list of these had been identified by them and that a plan was in place to address these doors. Some fire doors had a piece of timber added to the end of them to reduce the gap between the door and the floor. This and further issues are outlined under Regulation 28: Fire Precautions.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. Clothes were laundered regularly and promptly returned. Residents had access to their personal property at all times. There was a system in place to ensure residents could access their personal belongings which were being stored securely at all times in the centre, including at the weekends.

Judgment: Compliant

Regulation 17: Premises

Aspects of the premises required improved maintenance to ensure the premises conforms to the matters set out in Schedule 6 of the regulations. For example:

- Some areas of the centre required painting and repair, as inspectors observed a chip out of the wall in the dining area, scuffed and chipped paint on some residents' bedroom doors and a cracked window pane in the window of the new hairdressing room. Seals on two external doors required repair or replacing where they had degraded.
- Floor covering in the centre had been replaced however, some cracks remained evident in the corridor and a large stain was present on the flooring in one wing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition
Residents were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.
Judgment: Compliant
Regulation 28: Fire precautions
<p>Overall, significant improvements had been made to fire safety at the centre since the previous inspections, with further actions required.</p> <p>The measures in place to detect and contain fire required further attention by the registered provider, for example;</p> <ul style="list-style-type: none"> • Gaps remained under a significant amount of fire doors, including large gaps under the library door and dining room door despite the action taken by the provider to address this. This posed a risk that the smoke and fire would not be effectively contained. There was a plan in place to address this. • There was no fire detection in a cleaning storage cupboard beside the chef's office.
Judgment: Substantially compliant
Regulation 6: Health care
Residents had timely access to appropriate medical and health and social care services.
Judgment: Compliant
Regulation 8: Protection
The provider had measures in place to protect residents from abuse. All staff received mandatory training in how to recognise and respond to any incidents or

concerns in relation to abuse and safeguarding concerns. Staff who spoke with the inspectors were aware of their role in keeping residents safe and demonstrated appropriate knowledge in recognising and reporting abuse. Pension-agency arrangements were appropriate.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ashley Lodge Nursing Home OSV-0000009

Inspection ID: MON-0045420

Date of inspection: 09/04/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Containers of fuel are now stored in a secure locked facility onsite to mitigate the risk of fire- complete The shower room with toilet facility in corridor 2 is complete as of the 18/04/2025. The hair salon in corridor 2 is complete as of 16/05/2025. A review of signage was undertaken and all door signage is now reflective of the function of each room- complete	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All resident contracts have now been reviewed and updated to detail fees- complete	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The dining area has been painted and there is a painting schedule is in place for 2025 to address areas as they arise- complete and ongoing</p> <p>The cracked window pane in the new hairdressing room was replaced- complete</p> <p>Draught seals on the two external doors will be replaced by June 30th 2025.</p> <p>Structural works are due to commence in the building in July 2025. As part of these works, repairs to flooring, with replacement where indicated, will be completed by 30th September 2025.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: As part of the structural works due to commence in the building in July 2025, remedial works to ensure no excessive gaps are present on doors will be completed by 30th September 2025</p> <p>A bi-annual audit is in place to identify and remedy any emerging gaps in fire doors in a timely manner.</p> <p>Additional smoke heads have been installed and correctly addressed on the fire alarm system; completed on the 21/05/2025.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/12/2025
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	04/06/2025
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	04/06/2025

	the fees, if any, to be charged for such services.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/12/2025