



**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:	Ryevale Nursing Home
Name of provider:	Ryevale Nursing Home Kildare Limited
Address of centre:	Leixlip, Kildare
Type of inspection:	Unannounced
Date of inspection:	27 August 2025
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0048064

About the designated centre

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

Ryevale Nursing Home provides accommodation for a maximum of 172 residents. It is located a short drive from the town of Leixlip in County Kildare. The service offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of five units; Rye, Millennium, Moy and Distillary units and a dementia-inclusive high support unit called the Liffey unit. There is an inner garden and courtyard within the Liffey unit, where residents can enjoy a walk or sit outside for fresh air. Residents and visitors can use sitting-rooms, dining-rooms, and gardens throughout the centre. There is also an open terrace area for those residents accommodated on the first floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	171
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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 27 August 2025	08:50hrs to 16:40hrs	Sinead Lynch	Lead
Wednesday 27 August 2025	08:50hrs to 16:40hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors found that residents living in Ryevale Nursing Home were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Residents were highly complimentary of the care they received. When asked about the staff delivering the care, residents described them as "kind and gentle". The residents spoke very highly of the management team in the centre and one resident told inspectors "you couldn't fault the place, it's excellent". Staff were observed to deliver care and support to residents which was person-centered and respectful, and in line with their assessed needs. A visitor spoken with told inspectors the centre was "like a four star hotel, brilliant".

This was an unannounced inspection carried out with a focus on adult safeguarding. Inspectors reviewed the measures the registered provider had in place to safeguard residents from all forms of abuse. During the inspection, the inspectors spoke with twelve residents to gain insight into the residents' lived experience in the centre and with five visitors. The inspectors also spent time observing interactions between staff and residents, as well as reviewing a range of documentation and speaking with staff and management.

On the morning of the inspection there was a relaxed atmosphere throughout the centre and residents were observed eating their breakfast, walking around the centre and being assisted by staff in their bedrooms. The communal area of the centres were seen to be well used and some residents were observed having their hair done, watching TV and reading.

The centre provided accommodation for 172 residents. The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was visibly clean, tidy and well-maintained. Call-bells were available in all areas. All communal areas were found to be appropriately decorated, styled and furnished to create a homely environment for residents. There were small model homes and buildings around the centre for residents to explore and enjoy. Many bedrooms were personalised and decorated according to residents' taste. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments, photographs and items of furniture brought in from home. There was safe, unrestricted access to outdoor areas for residents to use. These areas included secure courtyards.

Residents spoke about the many events and celebrations that were held outdoors and about a recent visit to the centre by a well-known singer which they told inspectors they very much enjoyed. On the evening of the inspection residents were observed enjoying a sing-along on the ground floor of the centre.

Notwithstanding the many communal spaces available to the residents, inspectors observed one such area used by staff. This was a small sitting room on the ground

floor where staff were storing their personal items such as bags. The provider informed the inspectors that this area was never used by residents and there were adequate other areas for residents' use. They also said they planned to change the use of this area in the upcoming application to renew the registration.

Residents' care plans were found to be generally good and person-centre with some improvements required as outline under Regulation 5: Care planning and assessment.

The next two sections of the report will 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, the inspectors were assured that residents in the centre were well cared for in a supporting, caring and well resourced way. There was good leadership evident from the management team. The centre had a good regulatory history and the findings of this inspection confirmed that the registered provider had the capacity and capability to safeguard the residents from any forms of abuse and sustain good compliance levels.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended), and inform the application to renew the registration. This inspection had a specific focus on the provider's performance with respect to safeguarding adults.

An application for registration renewal was submitted to the Chief Inspector of Social Services within the required time-frame. The statement of purpose however, required review to ensure it accurately reflected the facilities and services provided. A review of the complaints process was also required to ensure it reflected the review officer.

The registered provider for Ryevale Nursing home is Ryevale Nursing Home Kildare Ltd. The centre is family-owned and operated with a senior management team available to provide management support. There are two persons in charge at Ryevale Nursing home. They are sharing this role, and are responsible for the day-to-day management of the centre; they are supported by a wider team comprising of the assistant directors of nursing, clinical nurse managers, the nursing and healthcare team, as well as other support staff including housekeeping, administration and maintenance.

Staffing levels in place on the day of inspection were sufficient to meet the assessed needs of the residents. There was appropriate clinical supervision in place. There were two assistant directors of nursing (ADON) on duty supported by a clinical nurse

managers to oversee care delivery.

A review of training records indicated that all staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents. Staff were aware of their role in protecting and safeguarding residents and how to report a concern and identify all forms of abuse.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner and were under review at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. There was a proactive management approach in the centre which was evident by the ongoing audits and subsequent action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 3: Statement of purpose

Some changes were required in relation to the statement of purpose to ensure it reflected the current name and use of all areas in the centre as observed on the day of inspection.

Judgment: Substantially compliant

Quality and safety

This inspection, focused on adult safeguarding, was carried out to review the quality of the service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. Overall, inspectors found that the provider was proactive in their approach to safeguarding residents and appropriate measures were taken to protect residents from harm. Residents' rights were upheld in the centre and there was a person-centred approach to residents' care. Some improvement was required in relation to individual assessment and care planning to ensure information relevant to safeguarding, where incidents had occurred, was accurately documented in residents' care plans.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. The inspector reviewed a sample of these care plans and found that they were generally person-centred and reflected the care needs of the residents. Areas for improvement had been identified by the registered provider through their audits however improvement was still required in some areas and gaps were identified. This is discussed further under Regulation 5.

The provider had ensured all staff had training in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents who displayed responsive behaviours were seen to be managed in a way that kept residents, visitors and staff safe, while also having a minimal impact on the person exhibiting these behaviours. Referrals to external services such as psychiatry of later life were in place to provide a person-centred approach to care.

The registered provider had systems in place to safeguard residents from abuse. The provider had a safeguarding policy to guide staff in recognising and responding to allegations of abuse. All possible safeguarding concerns had been identified and

reported.

Residents' rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. Activities were observed to be provided throughout the day in various areas of the centre. Residents told the inspectors that there were plenty of activities available to them if they wanted to attend. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service during regular resident council meetings.

The registered provider had ensured there were systems in place to facilitate residents to communicate freely. The inspectors reviewed the measures in place for residents with identified communication needs and these were found to be used effectively and staff spoken with were knowledgeable of the needs of each resident. The person in charge had ensured any residents with specialist communication needs had a comprehensive care plan in place to guide staff on how best to communicate.

Regulation 10: Communication difficulties

The registered provider had ensured that residents with communication difficulties were facilitated to communicate freely in accordance with their individual needs and abilities. Where a resident was assessed as having specialist communication requirements, the person in charge had ensured that these requirements were incorporated into a detailed care plan in order to guide staff in how to communicate effectively with them. Staff were also informed of residents' specialist communication needs.

Judgment: Compliant

Regulation 17: Premises

The premises were not fully in accordance with the centre's statement of purpose. There was one registered communal area designated for residents' use on the ground floor that was being used by staff. Inspectors observed that the room was accessible to the residents, however there were a number of staff bags in it. The provider advised that they intended to regularise the use of this room at the renewal of the registration.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a comprehensive Risk management policy in place which was updated regularly. There was a risk register in place that highlighted safeguarding as a risk and control measures were in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were seen to be generally person-centred and reviewed regularly some improvement was necessary to ensure staff were effectively guided to meet the needs of the residents. For example:

- A resident identified to the inspectors by staff as having a safeguarding requirement did not have a safeguarding care plan in place to appropriately guide their care.
- Residents who were involved in safeguarding incidents did not have appropriate safeguarding care plans in place to reflect measures in place.
- Two care plans reviewed had not been fully completed following the residents' comprehensive assessment.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. The inspectors saw that staff engaged with residents in a respectful and dignified way. There was evidence of alternatives to bed-rails such as low-beds and crash-mats to reduce the number of bed-rails in use in the centre, in accordance with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be

able to use this training to ensure that residents were protected from abuse. The provider was a pension-agent for two residents and there were adequate systems in place relating to this.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspectors observed that the privacy and dignity of residents was respected by staff. Throughout the day of inspection, the staff were observed to interact with residents in a caring, patient and respectful manner. There was appropriate access to media and activities in the centre. Independent advocacy services were available.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ryevale Nursing Home OSV-0000091

Inspection ID: MON-0048064

Date of inspection: 27/08/2025

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of purpose was amended as requested and return to HIQA on the 4th of September for approval.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The floorplans were updated in accordance with the Statement of Purpose and were submitted on the 4th of September	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The Care plans identified during the inspection were reviewed and updated within 3 days. Managers and Nurses Reflected on how care plans are completed, and our routine audits are focusing more on the areas where improvements could be made.	

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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
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	03/10/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/10/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident	Substantially Compliant	Yellow	03/10/2025

	when these have been assessed in accordance with paragraph (2).			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	03/10/2025