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:	The Residence Ashbourne
Name of provider:	The Residence AB Limited
Address of centre:	Kilbrew Demense, Curragha, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	03 June 2026
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0049887

About the designated centre

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

The Residence Ashbourne is a purpose-built premises. Residents are accommodated in single and twin bedrooms, some with en-suite shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ashbourne town on a large mature site, at the end of a short avenue in from the road. Together with gardens surrounding the centre, there are also two enclosed, themed gardens within the centre premises. The centre provides accommodation for a maximum of 74 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team 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:	65

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 3 June 2026	08:30hrs to 18:00hrs	Geraldine Flannery	Lead
Wednesday 3 June 2026	08:30hrs to 18:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

This was an unannounced inspection conducted by two inspectors of social services. Inspectors focused on the environment and care provided, talking with residents, visitors and staff. Inspectors also reviewed fire precautions and assessed the measures the registered provider had in place to safeguard residents from harm.

The inspectors spoke with residents and visitors to elicit their opinion on the service being provided in the centre. Overall, residents said that they were supported to live comfortably in The Residence Ashbourne, and were adequately cared for by staff who were attentive to their needs for assistance. Residents told the inspectors that they appreciated the care they received from staff who were helpful, caring and dedicated.

Although residents living in the centre gave positive feedback about the centre and were complimentary about the staff and the care provided, inspectors found that significant action relating to fire precautions and premises was required by the registered provider, to ensure a safe service was consistently provided to the residents living in the designated centre, and will be discussed further in the report.

On arrival at the centre, residents were seen to be choosing their daily routine. Some residents were up and dressed and having breakfast in the dining rooms, some were having breakfast in their bedroom, while others were still sleeping.

The premises was of suitable size to support the numbers of residents and inspectors saw sufficient private and communal space for residents to relax in, with decorative items and furniture providing a homely feel. However, the management of the premises required improvement to ensure a safe and comfortable environment for residents with some areas not maintained to an appropriate standard, and some equipment resources required review.

While on a walk around the centre, the inspectors noted and highlighted some serious concerns regarding fire safety. There was an emergency directional sign above a doorway which led to a storeroom which did not have a usable exit. This sign was covered with paper, and there was no alternative sign within that corridor.

Bedroom accommodation comprised of both single and double-occupancy bedrooms. Residents who spoke with the inspectors were happy with their bedrooms and said that they had plenty of storage for their clothes.

The inspectors saw that while all double-occupancy bedrooms had adequate area of floor space for each resident, should assistive equipment be required in one of the bays, the privacy and dignity of the residents may be compromised. The inspectors observed that some of the double bedrooms were used on a single occupancy basis;

these were configured for single occupancy, as some had one bed and no privacy curtain in-situ.

Residents had easy access to enclosed outdoor spaces. However, overall the courtyards were not maintained to a good standard, preventing residents from using the space safely. A severed electrical cable was noted on the ground in the central courtyard which required immediate rectification. Inspectors observed residents that used the central courtyard to take smoke breaks. Inspectors spoke with a resident that used the area to smoke and said that it was close to their bedroom and day space. Discarded cigarette butts were noted in a metal bucket which also contained paper rubbish. Inspectors saw an area in another section of the centre being used for smoking, which was partially equipped with fire safety equipment.

Inspectors observed the residents' dining experience and saw that it was a sociable time for residents, who sat together in small groups at the dining tables. The meal time service was noted to be well-managed and staff nurses were actively supervising the dining rooms at mealtimes. Meals were attractively presented, and residents who spoke with the inspectors said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of hours. The tables in the dining room were laid out with cutlery and condiments for the residents to access easily.

There was an activity schedule in place that reflected the activities taking place while the inspectors were present. The activity staff was on site to organize and encourage resident participation in events and the inspectors observed various group activities, which the residents appeared to enjoy. Advocacy services were available to all residents that requested them.

Visitors were observed coming in and out of the centre throughout the day and told the inspectors that they were always welcome and were assured of the care provided. One relative outlined that the centre was like 'home from home' for their family and how they valued the kindness and communications with staff. No complaints or concerns were raised on the day of inspection, and residents and visitors confirmed that they would not hesitate to speak with a staff member if they had any issues.

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 affect 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

Overall, this inspection found that the management team were striving to improve practices and services. However, the findings of this inspection were that the registered provider had failed to put effective management systems in place to ensure that the service provided was safe and the care and welfare needs of the residents were met. Fundamental improvement was required in some areas to achieve safe care delivery and to protect the well being of residents in the centre.

This unannounced inspection was carried out by inspectors of social services to monitor ongoing compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013 to 2025 (as amended) , and to inform the renewal of registration. In addition, this inspection had a specific focus on the provider's performance with respect to fire precautions.

The inspectors followed up on the compliance plans from the previous inspection and found that the registered provider had made positive changes, specifically relating to records. For example, all records as required under the regulations were stored within the designated centre.

The registered provider is The Residence AB Limited, which is part of the Emeis group. A senior management team was in place to provide managerial support. The person in charge was on leave and the provider had deputising arrangements in place. The inspection was facilitated by the deputy person in charge, an assistant director of nursing (ADON) and the Regional Director.

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, however, inspectors could not be assured that the management of fire safety within the centre could be accommodated with the staffing levels particularly at times of low staff numbers such as night-time. This was evidenced by evacuation drills which highlighted a need for significant fire safety training and practice to ensure that residents could be removed from the centre in a timely fashion in the event of a fire.

The building was laid out in compartments, which are areas where fire resistant construction can prevent fire, smoke and fumes from spreading throughout the building in the event of a fire. This inspection found that the compartments contained large numbers of bedrooms of 24 and 20 residents respectively and could not be safely managed in the event of a fire.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of training records indicated that the majority of staff were up-to-date with mandatory training, with a small amount of staff, who were due refresher training, booked into upcoming dates. Training records also indicated that staff had completed fire safety training, however, this training did not appear to be followed in practice, and the overall management of how training and fire drills were being delivered required significant additional resources.

An immediate action was issued on day of the inspection to address premises related issues specifically in respect to one external courtyard that had potential to

cause serious risk and harm to residents. Satisfactory assurances were received to mitigate the immediate risk.

In addition, an urgent compliance plan was issued to the provider following the inspection, specifically in respect of fire safety to ensure that appropriate critical steps were taken by the provider to provide adequate resources and mitigate identified fire safety risks. These risks included fire safety management concerns around the resourcing of large compartments to effect a timely evacuation in the event of a fire, the management of resident smoking and overall escape route planning of the building.

The provider's response to the urgent compliance plan provided some assurances that the residents were being cared for in a safe and secure environment and was partially accepted by the Chief Inspector of Social Services. However, significant risks associated with large compartments and how they could be safely evacuated remained, and were discussed at length with the provider at the cautionary meeting held following the inspection.

Documents were available for review, such as the directory of residents and contracts of care, and were fully compliant with the legislative requirements.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre, together with all the required documentation had been submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were adequate levels of nursing and care staff on duty to ensure the safe delivery of care to residents. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

There was a well-maintained training matrix in place that set out when each staff member had completed training, and when they were due to complete refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013. This ensured that comprehensive records were maintained of a resident's occupancy in the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection and the management of the records was found to be in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Significant action was required to ensure that the service provided was appropriate, consistent and effectively monitored, specifically in respect of fire safety and oversight and management of premises. For example:

- The infrastructure and design of the building adversely impacted the operational management of the fire precautions at the centre and the registered provider had not identified or mitigated this risk. An immediate and urgent compliance plan was issued to the registered provider in respect of fire precautions, and the provider's response provided some assurance.
- Fire safety management required a complete review to ensure that the provider had adequate resources in place to ensure that residents could be evacuated efficiently from any area of the centre in the event of a fire at any time. The fire drills submitted following the inspection did not provide assurance that night time staffing levels would be sufficient to safely evacuate 20 or 24 residents in a timely manner.

- There was poor oversight of staff knowledge and practice as the fire safety policy was not being implemented and followed throughout the centre. This was evidenced by the management of resident smoking where one smoking area had some fire prevention measures aligned with the policy while another smoking area did not have any fire prevention measures as detailed in the smoking policy.
- A fire safety risk assessment to review all fire safety measures and systems within the centre was required in order to quantify the issues as noted on this inspection. The provider committed to having this assessment completed following the inspection.
- The oversight of the physical environment was not robust with several areas observed to be in poor condition adversely impacting the quality and safety of the residents living at the centre, as per Regulation 17: Premises.
- The registered provider had made an application to renew the registration of the designated centre for a further period of three years based on the existing occupancy. However, the inspectors found that the premises did not correspond to the current registered footprint or with the proposed footprint as per the application submitted. For example, a number of proposed twin rooms were configured for single occupancy only.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts of care between the resident and the registered provider and found that they were transparent and accurate. They clearly set out the terms and conditions of the resident's residency in the centre. The contract also stated the bedroom to be occupied, and the occupancy number of the room. Where a resident occupied a double room on a single occupancy basis, the contract clearly stated that no other resident was to share the room for the duration of their stay.

Judgment: Compliant

Quality and safety

Overall, while the service was aiming to deliver good quality care to the residents, inspectors were not assured that the systems in place for overseeing the quality and safety of residents' care ensured that all residents living in the centre were protected by safe practices. Some areas of fire safety required significant attention to align with the requirements of the regulations and to provide residents with appropriate

protection from the risk of fire. Improvement was also required in respect of Regulation 17: Premises, Regulation 7: Managing behaviour that is challenging and Regulation 9: Residents' rights,

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which largely reflected trigger factors, if identified, for individual residents, and de-escalation techniques that staff should use to prevent the behaviour escalating.

The use of restraint was monitored within the restraint register. Residents had individual risk assessments in place to reflect the restraint in use, however further improvement was required to ensure best practice.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Training records indicated that all staff have completed safeguarding training.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

While the premises was of suitable size to support the numbers of residents living in the designated centre, the layout of the premises impacted on the residents' access to showers, and bathing facilities. Resident accommodation was all on the ground floor, and each bedroom had an en-suite facility. However, a number of the bedrooms, particularly twin bedrooms, did not have showers within their en-suite bedrooms. Shower and bathing facilities for those residents were provided in dedicated rooms near the resident bedroom. However, one of these shower rooms was not maintained to an appropriate standard. There was damage to the floor and wall covering, and the door could not be locked thereby denying the residents of their privacy if they wished to use this facility. The next available bathing room was towards the ends of resident bedroom corridors, and in two of the bathrooms, the baths were not in working order. Other premises related concerns were noted and brought to the attention of the provider including storage practice and availability, issues with ventilation, call-bell availability and general maintenance concerns as noted in Regulation 17: Premises

Inspectors were not assured that adequate fire safety precautions had been taken to ensure that residents were safe and protected from the risk of fire. Significant risks identified included the electrical risk and smoking practice risk. Other risks relating to the means of escape resulted in a complete review of the statutory fire safety certification of the building. As the centre had been extended over time, some areas had changed their function, but this was not fully reflected in the practice. The inspectors observed an emergency exit sign which was covered over, positioned above a storeroom door where racking and other materials were inappropriately

stored and obstructing the exit door located at the back of the room. This was previously an exit route from the centre, however an extension built onto the building, had made this route obsolete. The removal of this escape route was not accompanied by a re-design of the emergency lighting and escape signage to prevent its use, as required. Other exit doors were locked with locked key-boxes mounted on the walls and external escape routes were not all usable due to obstructions and terrain.

In their conversations with inspectors, staff lacked understanding of their roles and the actions that were needed to be taken in the event of a fire. Fire drills records showed that many of the fire drills were begun and abandoned due to shortcomings in staff knowledge. Other fire drills detailed how staff did not understand how to use specific evacuation aids, and no drills were conducted on the large compartments.

The provider's response to the urgent compliance plan in this respect did not provide adequate assurances. This was discussed at the cautionary meeting and commitments were received from the registered provider that an enhanced programme of fire drills using varied scenarios will be undertaken and submitted to the Chief inspector to demonstrate that staff had the ability and knowledge to safely evacuate all residents in the event of fire.

Other significant fire risks identified and as previously discussed, related to containment and the very large compartments where up to 24 residents could be accommodated. In the event of fire, the internal transfer of these residents into the nearby compartment could result in a significant congestion of residents and their evacuation aids within corridors.

Furthermore, observed deficits in the upkeep and maintenance of some of the fire doors would reduce the effectiveness of the doors. Containment concerns were also identified on the first floor, where staffing quarters were based and where gaps in detection and fire proofing of the walls were noted. This was particularly important as this area was open to the ground floor at reception. These issues are outlined in Regulation 28: Fire Precautions.

Regulation 17: Premises

The registered provider did not ensure that the premises was in line with the Statement of Purpose and the floor plans for which it was registered. For example:

- Some twin occupancy rooms were not arranged to accommodate two residents. There was no dividing screening in place within some of the rooms, and some rooms did not have the second bed. On the day of this inspection, these rooms were used for one resident only as per contractual arrangements, which was not in line with the registration plans or the statement of purpose.

- External storage containers were used to store materials for the running of the centre. These areas were required for the operation of the centre and had not been registered.

The registered provider, having regard to the needs of the residents at the centre, did not ensure that all areas of the premises conformed to the matters set out in Schedule 6 of the regulations. For example:

- The courtyards for residents' use were not well-maintained to a standard appropriate to the needs of the residents. Rainwater downpipes had been removed, which resulted in water ponding in the corners and causing some water damage to the building structure. Pathways through the courtyard had uneven edges and could be a trip hazard for residents, and some of the features within the garden were not being maintained including a fountain, wooden seating and planting areas.
- Call-bells were not in place in all areas to be used by residents as required, including in the courtyard smoking area.
- Premises were also not well-maintained internally. Two baths were out-of-order on the day of inspection. Additionally, some of the bathroom areas had damage to tiling and in one bathroom, there was a small shower space beside the bath which was not fitted with its own shower head but instead required users to rely on the shower head linked to the bath facility nearby. Another shower room had a door that could not lock and had damage to the flooring.
- The ventilation system in some internal shower rooms and toilets was inadequate.
- Storage practice required review to ensure that the available storage space within the centre was not overfilled resulting in damage to supplies, or difficulties in accessing various items required for the effective running of the centre.
- Not all residents had lockable storage to store precious or private items in their respective bedrooms.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire, for example:

- Smoking arrangements in place for residents that wished to smoke required urgent review. One of the two smoking areas was not appropriately equipped and did not have a fire extinguisher, call-bell or smoking aprons. The area was not confined or designated to manage the fire risk.
- Electrical items were posing a risk of fire; an electrical cable running into a bollard lighting was partially severed on the ground within the courtyard. Immediate action was issued to the provider, and assurances were received before the inspection that the cable was made safe. Electrical outlets were seen to be close to standing water in a corner of the courtyard, and some electrical cabling was hanging off the building and partially underwater in these areas where the rainwater downpipes had been removed.
- Nurses' stations were open to the escape corridors, and they contained electrical items and oxygen cylinders, which increase the risk of fire.

The registered provider did not provide adequate means of escape including emergency lighting for example:

- An emergency exit signage was covered as it directed evacuees into a storeroom, and there was no alternative emergency directional signage in that hall.
- There was no external emergency lighting outside the main entrance, and some emergency light fittings were not in working order.
- Emergency exit doors as identified on fire certificate drawings were not appropriately equipped with readily open-able handles and had standard locks with a coded key-box on the wall close by. Some of these doors were within communal rooms such as the library, dining rooms etc.
- Charging of medical equipment such as hoists was impacting on the corridor escape routes. There were busy periods of time where food trollies or laundry trollies were congesting the escape routes which required review to ensure that the required escape widths were available at all times.
- External escape routes were observed with obstructions on the path which narrowed them, for example outside the Lounge 1. Other escape routes were next to steep slopes without edge protection. Many of the external escape routes were not provided with emergency lighting, which would make their use difficult if an evacuation had to occur at night.

The registered provider did not ensure staff were suitably trained in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes. For example:

- Fire drill records showed poor understanding of the principles of evacuation and did not provide assurance that staff would be able to evacuate all

residents in the event of a fire. There was no learning from identified failures, which meant that inappropriate practices were repeated at the next drill.
- Full compartment evacuation of the largest compartment under the most restrictive staffing compliment such as night-time had not been completed to ensure that staff understood the complexities and the site-specific issues that would arise in an evacuation of residents within the centre, including the space available in adjoining compartments.
- Floor plans posted on the walls to support the evacuation of the building, required review to ensure that they were consistent, and that they identified the escape routes, the compartment boundaries and the location of the assembly point. The plans on display at the centre identified the compartment lines but these were not reflected in the staff understanding of where the compartment lines were.

The registered provider did not make adequate arrangements for detecting or containing fires. For example:

- While there was a modern fire detection and alarm system in place, detectors were not in place in all areas, including several areas on the first floor such as a storeroom, and a meeting room. Also, there were large atrium's within the corridors which provided light to these areas however, there did not appear to be fire detection in these large void areas.
- While the large bedroom compartments were part of the statutory certification of the building, the operational management of this process and the practical evacuation of up to 24 residents of various dependency levels would pose significant challenges to safety, including concerns about the required time and available space in the next compartment. This required urgent review.
- Fire containment concerns were noted with numerous doors throughout the centre. These issues ranged from gapping around the perimeter, missing or damaged smoke seals, the fire rating of ironmongery and the fire resistance of a door to a sluice room. The fire rating of the laundry room door did not appear to reflect the risk to the escape route associated with laundry activity. The provider committed to completing an audit of fire doors throughout the centre in a meeting after the inspection.
- Assurances were required that a glazed partition between the main kitchen and the dining area would provide a fire rating in line with the rating required for a kitchen.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs. Care plan reviews were completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices was not found to be fully in line with national policy as published on the website of the Department of Health. For example;

- Residents who had restraint in use had a signed consent and an individualised risk assessment in place; however, in some cases there was no documented evidence that the risks of using that restraint had been explained to the resident or their representative prior to use.

Judgment: Substantially compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy.

The nursing home was pension-agent for ten residents, and a separate client account was in place to safeguard residents' finances.

Staff files reviewed contained all the required documents, providing assurance that residents were safeguarded through robust human resources practices. For example, all staff files reviewed had obtained from An Garda Síochána vetting prior to commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that each resident's rights were being upheld at all times, as evidenced by the following;

- One communal toilet being used by residents did not have a working privacy lock in place. This impacted the privacy and dignity of those residents using that toilet.

- Residents who wished to have a shower or a bath were adversely impacted by the poor maintenance of some of the communal bathrooms, as outlined in Regulation 17: Premises.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Residence Ashbourne OSV-0000143

Inspection ID: MON-0049887

Date of inspection: 03/06/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Fire alarm remedial works were completed by Tuesday 7th July 2026. 2 identified remaining smoke detectors are due for installation in a first-floor storeroom and a meeting room on 14th August 2026.

All works relating to internal emergency lighting upgrades have been completed and all works relating to keypads for exit doors were completed by 15th July 2026.
External emergency lighting will be reviewed on 14th August 2026 and any identified improvement works to the exterior emergency lighting will be completed by 15th September 2026.

A 30-minute fire door and associated walls and ceilings have been upgraded to 60-minute to reduce the largest compartment from 12 rooms to 6 rooms. This was completed by 7th August 2026.

Fire drills and their documented reports have been enhanced, and weekly simulated fire drills are being conducted to reflect staffing levels on typical night shift within the centre to safely evacuate the largest compartments, with varying scenarios to enhance staff knowledge and experience- ongoing weekly

A further co-ordinated fire drill practice took place on 11th August 2026 by the fire training officer and report and recommendations have been received.

A review is currently ongoing to determine the feasibility to reduce the compartment of 20 residents through upgrading works to fire doors, walls and ceilings. This review will also look at the feasibility of adding another emergency exit to further reduce risk by reducing travel distances for residents in the event of an emergency evacuation. This review will be completed by 30th September 2026.

An updated fire risk assessment will be completed for the building by 30th September 2026

Immediate additional support was provided to the home to address urgent maintenance tasks. Weekly oversight by the Regional Director to identify the workload and ensure that adequate resources are available to maintenance is ongoing since 3rd June 2026.
All residents have been made aware of the only designated smoking area and it's location. Staff have been reminded of the requirement to monitor this on a daily basis to ensure no unauthorised smoking takes place- complete and ongoing.

From 1st September 2026, a system has been established to ensure that going forward the service will be delivered in line with the Statement of Purpose and conditions of registration specifically the designation of rooms.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Following the inspection, a review of all shared rooms was undertaken, with particular consideration given to the number of residents accommodated in each room and commitments given to current residents regarding single occupancy.

Four rooms were identified for review. One of the rooms has become vacant since the inspection and will continue to be registered as a twin room, is equipped as per Statement of Purpose- complete

Three remaining rooms, previously registered as twin rooms will be registered as single occupancy rooms- in progress

An updated floor plan has been completed to include all external storage containers and submitted – complete

All downpipes and gutters identified as damaged have been replaced- complete
All pathways throughout the courtyard area have been levelled to enhance safety and minimise trip hazard for residents- complete

The water feature has received a thorough cleaning and is now being maintained on a monthly maintenance schedule- complete

The wooden seating has been completely removed from courtyard area, and all garden planting is maintained as per our maintenance schedule- complete and ongoing
A call bell was installed within the designated smoking area. All residents have been

made aware of the only designated smoking area and it's location. Staff have been reminded of the requirement to monitor this on a daily basis to ensure no unauthorised smoking takes place- complete and ongoing.
By the 31st October 2026, the reconfiguration of the 3 communal bathrooms will be completed. 1 bathroom will contain a bath and the other 2 bathrooms will be converted to shower rooms to meet the current needs of the residents. Floor plans and Statement of Purpose have been updated to reflect these changes and photographic evidence will be submitted to the regulator once works are completed

The tiling repairs in one bathroom have been completed and a separate shower head fitted in the main bathroom- complete

A new lock has been installed to the shower room door and flooring will be replaced by 31st December 2026.

A review of the bathroom vents will take place and works will be done to ensure all are in working order by 31st October 2026.

A review of storage space within the centre was undertaken. We have eliminated the overfilling of storage containers and supplies so staff can easily and safely access all necessary items. To maintain these standards, storage management has been added to our regular schedule and will be monitored weekly- complete and ongoing

A review of all residents' storage has taken place and all residents have access to secure, lockable storage space within their bedroom providing them with a safe and private place to keep personal and precious items- complete

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions :
A call bell was installed within the designated smoking area. All residents have been made aware of the only designated smoking area and it's location. Staff have been reminded of the requirement to monitor this on a daily basis to ensure no unauthorised smoking takes place- complete and ongoing. This area also has an extinguisher and smoking apron- complete and ongoing

The electrical cable running into the bollard has been safely repaired and buried underground to eliminate risks- complete

Immediate action was taken on day of inspection to install a downpipe. All electrical

cabling has been thoroughly inspected and safely resecured- complete
All electrical items and oxygen cylinders have been removed from the nurses' stations and secured safely- complete

Emergency exit signage has been removed from above the previous storeroom and additional emergency directional signage installed in the corridor- complete
A review of emergency lighting throughout the home has taken place and internal lighting has been installed. Any identified external emergency lighting required will be installed by 15th September 2026.

Emergency exit doors have been fitted with magnetic locks to ensure they release immediately and allow for swift evacuation in case of emergency- complete
A centralised charging station for all medical equipment (including hoists) has been established in the equipment storeroom to ensure corridors are kept clear. All staff have been formally briefed on strictly prohibiting housekeeping, food trollies etc., from blocking escape routes. Management will conduct daily walkabouts/reviews to always ensure compliance- complete and ongoing

A review of all external escape routes will be undertaken to determine what actions can be taken to address unprotected edges on pathways. This review will be completed by 30th August 2026.

Fire drills and their documented reports have been enhanced and weekly simulated fire drills are being conducted to reflect staffing levels on typical night shift within the centre to safely evacuate the largest compartments, with varying scenarios to enhance staff knowledge and experience. Learnings are identified and documented following each fire drill and actioned immediately to prevent reoccurrence. This is discussed at post fire drill de-brief with staff. A review of fire drills and reports has also taken place to ensure all staff are suitably qualified and experienced in evacuation, emergency procedures and escape routes. All staff have undertaken a compartmental evacuation of the largest compartment. Weekly fire drills continue to ensure all staff have a clear understanding of safe evacuation in the event of a fire- weekly ongoing

A further review of fire drill practice and procedures took place on 11th August 2026 by the fire training officer- complete

Fire safety is discussed monthly at resident council meetings and residents are also encouraged to participate in fire drills ensuring capability and safety to practice same. All residents are aware of weekly fire alarm checks and how to respond in the event of the alarm being raised - complete and ongoing

Floor plans have been reviewed and updated to reflect identified escape routes, compartment boundaries and assembly point. As part of the weekly fire drill practice staff are shown the floor plans on the walls with the identified compartment lines to ensure understanding of same- complete and ongoing

Fire alarm remedial works were completed by Tuesday 7th July 2026. 2 identified remaining smoke detectors are due for installation in a first-floor storeroom and a meeting room on 14th August 2026.

A 30-minute fire door and associated walls and ceilings have been upgraded to 60-minute to reduce the largest compartment from 12 rooms to 6 rooms. This was completed by 7th August 2026.

A review is currently ongoing to determine the feasibility to reduce the compartment of 20 residents through upgrading works to fire doors, walls and ceilings. This review will also look at the feasibility of adding another emergency exit to further reduce risk by reducing travel distances for residents in the event of an emergency evacuation. This review will be completed by 30th September 2026.

Remedial works arising from a fire door audit will be completed by 31st October 2026. The partition between the main kitchen and the dining has been reviewed and the fire rated glazing will be installed by 30th September 2026.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

From 20th June 2026, following a review of restraint consultation form, the centre has improved documentation to ensure it outlines that the risks involved have been explained to the resident or their representative prior to and during their use. A follow up review and discussion with all residents currently using bedrails has taken place and this is evidenced in both the consultation form and the care plan.

Nursing staff have been reminded of the requirement to comprehensively record informed consent discussions, including evidence that the risks and implications of the restrictive practice have been explained and understood prior to implementation. The Person in Charge will conduct regular audits of restrictive practice documentation to ensure ongoing compliance and to provide assurance that residents' rights, autonomy, and informed decision-making are fully supported- complete and ongoing

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

By the 31st October 2026, the reconfiguration of the 3 communal bathrooms will be completed. 1 bathroom will contain a bath and the other 2 bathrooms will be converted to shower rooms to meet the current needs of the residents. Floor plans and Statement of Purpose have been updated to reflect these changes and photographic evidence will be submitted to the regulator once works are completed

The tiling repairs in one bathroom have been completed and a separate shower head fitted in the main bathroom- complete
A new lock has been installed to the shower room door and flooring will be replaced by 31st December 2026.

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	31/08/2026
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.	Not Compliant	Orange	31/12/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	30/09/2026

	ensure the effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	30/09/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/10/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	31/10/2026
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	Not Compliant	Red	10/06/2026

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	30/09/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/06/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/10/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2026