

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

Issued by the Chief Inspector

Name of designated centre:	Glenashling Nursing Home
Name of provider:	Riada Care Limited
Address of centre:	Oldtown, Celbridge, Kildare
Type of inspection:	Unannounced
Date of inspection:	17 September 2025
Centre ID:	OSV-0000040
Fieldwork ID:	MON-0048278

About the designated centre

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

Glenashling Nursing Home can accommodate up to 75 male and female residents aged 18 years and over. The centre provides 24-hour nursing care to people with the following needs: general care, young chronic care, brain injury, respite care, convalescence care, general care of the elderly, cognitive impairment, physical disability and special needs. It is registered as a designated centre for older persons. The nursing home is a purpose-built facility. Accommodation consists of 51 single-rooms and 12 twin-rooms. There are 44 beds with en-suite facilities. There are 13 communal rooms available to residents, which include an oratory. The centre's stated aims are to provide evidence-based care in a happy and homely atmosphere that makes the residents feel at home. The nursing home is located in Celbridge and is serviced by nearby restaurants, shops and public houses. Parking facilities are available on site.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	75
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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 17 September 2025	08:30hrs to 17:00hrs	Geraldine Flannery	Lead
Wednesday 17 September 2025	08:30hrs to 17:00hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

This was an unannounced monitoring inspection, conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

From the observations of the inspectors and from speaking with the residents, it was evident that safeguarding was embedded into all aspects of care delivery, ensuring that the residents were living in an environment where their dignity, rights and well-being were protected at all times.

On the day of inspection, the inspectors spoke with 11 residents and one visiting relative. Residents stated that they felt well-cared for by staff, describing them as 'lovely' and 'very kind'. One resident told the inspectors that 'the food is good, staff are great and will do anything for you, I am well looked after'. The relative spoken with expressed satisfaction with the high standard of safe care provided to their family member who was a resident in the nursing home.

The premises was warm, clean and well-maintained. The physical environment was designed to minimise risk including secure entry systems and well-lit areas.

There was a calm and relaxed atmosphere within the centre, as evidenced by daily life being adapted to suit the residents' preferences, rather than adhering to a set schedule.

A resident-centred approach was adopted where care was tailored to the unique needs, goals, interests and the life stories of each resident. Some residents' pets were accommodated in the centre and those residents said that their pets brought them 'great joy'. A donkey lived on the grounds of the centre, providing companionship and happiness to the residents.

Residents and staff collaborated on care decisions where the resident's voice was heard and respected. Residents highlighted the importance of staff recognising their personal preferences and supporting them in their daily decisions such as meal choices, preferred bedroom layout and décor and how they chose to spend their day.

Residents were supported to enjoy a good quality life in the centre. Activities provided were varied, and informed by residents' interests and capabilities. A priest attended the centre when available and weekly rosary took place in the centre's oratory and the residents said they were happy with that arrangement.

On the day of the inspection, inspectors observed some residents enjoying a lively card game. Other residents were observed watching television in the communal areas, reading and engaging in one-to-one activities.

The inspectors heard how residents were supported to remain connected to their communities and enjoyed the various outings scheduled for them. For example, those residents who wished to go to the local village were facilitated to do so once or twice a week. Some residents spoke with much anticipation about an upcoming trip to a well-known pilgrimage site, saying 'it will be a good day out'.

Arrangements were in place for residents to give feedback on the service provided to them. Residents meetings took place in the centre where residents could raise any issues they had and some residents told inspectors they attended on a regular basis.

During the inspection, many positive meaningful interactions were observed between staff and residents and this provided a cheerful and jovial ambiance in the centre.

The inspectors observed that staff endeavoured to keep residents safe by providing supervision to them when in the communal living areas and in the dining rooms.

The complaints procedure was on display throughout the centre and details of advocacy services were available to residents. A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were no open complaints at the time of inspection. Residents spoken with said they had no complaints.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection were that the registered provider had good governance and oversight procedures in place, which ensured the delivery of a sustainable quality service where residents were effectively safeguarded from abuse.

This was an unannounced inspection 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). In addition, this inspection was conducted to review the application to renew registration of the centre for a further three years.

This inspection focused on leadership and management arrangements in place with respect to adult safeguarding and how effective these arrangements were in ensuring that the residents were kept free from harm.

A company director, who was also the person in charge, was supported by the

director of nursing, assistant director of nursing, clinical nurse manager and a team of nursing, healthcare, household, catering, activity and maintenance staff. The provider had nominated a staff member to the role of Designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

There were sufficient resources available to provide the service in line with the statement of purpose, and to ensure residents' safety and well-being at all times. Staff members were supported with clear job descriptions, supervision, and regular performance appraisals to support professional development.

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

Inspectors reviewed a sample of records set out in Schedules 2, 3 and 4 of the regulations. Staff files reviewed were found to contain all the information required under Schedule 2 of the regulations, such as references and evidence of vetting from An Garda Síochána, obtained prior to role commencement. However, some records reviewed did not fully conform to matters set out in Schedule 4 and will be discussed further under Regulation 21: Records.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration, together with all the required documentation had been submitted to the Chief Inspector of Social Services within HIQA, in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff on duty were adequate to ensure that the care needs of the residents were met in a prompt and safe manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in

recognising and responding to allegations of abuse. On the day of inspection, the level of supervision was appropriate to ensure the care being delivered was safe and person-centred.

Judgment: Compliant

Regulation 21: Records

Notwithstanding that the residents and staff provided assurances that the person-in-charge was present in the centre at various times including weekends, a review of the actually-worked duty roster did not fully account for their presence in the centre. The worked duty roster record for the six months prior to the inspection, demonstrated that the person-in-charge was in the centre one month out of the six, therefore the documentation did not support that they were available in the centre at all times.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

Quality and safety

This inspection found that residents were living in a safe, respectful and supportive environment. It was evident that their right to dignity and privacy was upheld in their daily life and care decisions.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. The inspectors saw evidence that residents had access to general practitioners (GPs) from local practices, health and social care professionals and specialist medical and nursing services, including a behavioural

psychologist.

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 reflected trigger factors for individual residents and de-escalation techniques. Staff spoken with were aware of each residents' individual needs and had supports in place to help them to respond appropriately.

There were adequate systems in place to allow residents to communicate freely. Individual resident's communication needs and personal preferences were outlined in clear and comprehensive care plans. The registered provider had ensured that accessible communication methods were available for residents, including voice activated call-bell systems and electronic tablet devices.

The registered provider had taken all reasonable measures to protect residents from abuse. Any concerns were addressed promptly through clear reporting lines and escalation pathways to senior management and external agencies, if required.

Residents reported that they were satisfied with the activities and facilities available to them. Residents had access to independent advocacy services and the details were on display in the centre. Feedback from residents was actively sought and used to inform service improvements.

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. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

The premises met the needs of the residents and provided a safe, secure and accessible environment for all residents. Safety systems were used appropriately, balancing security with residents' privacy rights.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All care plans reviewed were person-centred and contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. The centre was actively promoting a restraint-free environment, in line with national policy.

There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Robust policies and procedures were in place for preventing, detecting, and responding to all forms of abuse.

The provider was a pension-agent for some residents. There was clear and transparent documentation in place ensuring residents' finances were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider promoted a rights-based service for all residents. Residents were encouraged to partake in activities of their choice and were assisted to make informed decisions; positive risk-taking was supported, while balancing safety.

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

Compliance Plan for Glenashling Nursing Home OSV-0000040

Inspection ID: MON-0048278

Date of inspection: 17/09/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Registered Provider ensures that the presence of the person-in-charge, within The Centre, will be documented appropriately on the duty roster and available within The Centre going forward. Completed, on-going.	

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 21(4)	Records kept in accordance with this section and set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4, shall be retained for a period of not less than 4 years from the date of their making.	Substantially Compliant	Yellow	12/11/2025