



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

Issued by the Chief Inspector

Name of designated centre:	Ashlawn House Nursing Home
Name of provider:	Ashlawn Nursing Home Limited
Address of centre:	Carrigatoher, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 October 2025
Centre ID:	OSV-0000407
Fieldwork ID:	MON-0048569

About the designated centre

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

Ashlawn House Nursing Home is a purpose built single-storey facility which can accommodate up to 52 residents and includes a 12 bed dementia specific unit. It is located in a rural scenic area close to the town of Nenagh. It accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia specific care, respite, convalescence and holiday stay. Bedroom accommodation is provided in 40 single and six twin bedrooms, all with en suite facilities. There is a variety of communal day spaces provided including dining rooms, day rooms, conservatory, relaxation room, smoking room, oratory and visitors rooms. Residents also have access to secure enclosed garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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How we inspect

To prepare for this inspection the inspector or 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
Tuesday 14 October 2025	10:15hrs to 16:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Feedback from residents was very positive with statement like "I like the feel of the place", and the service was "way beyond my expectations. Residents stated that the staff were patient, kind and attentive to their needs. Staff were observed to deliver care and support to residents which was person-centered and respectful, and in line with their assessed needs.

Following an introductory meeting with the person in charge, the inspector completed a tour of the building. The person in charge was known to all of the residents that were met on the tour, greeting each resident by their first name, introducing them to the inspector, and giving the residents an explanation of why the inspector was in the centre.

The centre provided accommodation for 48 residents. There was a pleasant atmosphere throughout the centre, and friendly and familiar chats could be heard between residents, visitors and staff. Bedroom accommodation comprised of single and double bedrooms. Many bedrooms were personalised and decorated according to each resident's individual preference. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. Some residents displayed halloween decorations. There was safe, unrestricted access to outdoor areas for residents to use. These areas included well-presented internal gardens, which contained a variety of suitable garden furnishings and shrubbery.

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, and answered in a timely manner. All communal areas were found to be appropriately decorated, with communal areas observed to be suitably styled and furnished to create a homely environment for residents. In communal rooms there was multiple halloween decorations hanging to reflect the time of year.

Residents were observed in the various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance around the building. As the day progressed, residents were observed in the communal areas, watching TV, drawing, chatting to one another and staff, or participating in scheduled activities.

The inspector observed that staff were kind, patient, and attentive to residents' needs. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner. The communal sitting room was supervised at all times with staff in attendance to

respond to any requests. Staff who spoke with the inspector were knowledgeable about residents and their needs. The inspector observed that personal care was attended to a good standard.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that staff were very kind and always provided them with everything they needed to live comfortably. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

The dining experience was observed to be a social, relaxed occasion. Residents expressed satisfaction with the quality and quantity of food served. In addition, residents reported that choice was always offered. Residents were assisted by staff, where required, in a sensitive and discreet manner.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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

Capacity and capability

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). There were 48 residents accommodated in the centre on the day of the inspection and four vacancies. The provider had submitted an application to renew the registration of the centre, and the detail of this application was reviewed on this inspection.

The inspector found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a high standard. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents.

There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge was supported by a director of the company who worked full-time in the centre. The local management team were a visible presence in the centre and were well-known to the residents and staff. Within the centre, the person in charge was supported by an assistant director of

nursing, two clinical nurse managers, administration team, a team of nurses, healthcare assistants and support staff. Teamwork was evident throughout the day.

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

Records reviewed confirmed that training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety. Each staff member completed an induction process on commencement of working in the centre and were supported by the allocation of working alongside an existing member of staff.

The management team held management meetings, where agenda items included areas of direct care delivery. The provider had management systems in place to monitor and review the quality of the service provided for residents. A range of clinical and environmental audits had been completed. These audits reviewed practices such as care planning, management of nutrition and weight loss, and infection control. Where areas for improvement were identified, action plans were developed and completed. For example, a recent falls audit had identified an increase in the number of falls over a period of short months. As a result the number of staffing on duty in the evenings had been increased to enable an increase in the supervision of residents identified at risk of falls. The increase had resulted in a decrease in the number of falls.

There was evidence of effective communication systems in the centre. Regular staff team meetings had taken place. Minutes of meetings reviewed showed that a wide range of relevant issues were discussed. There was a risk register which identified risks in the centre and the controls required to mitigate those risks.

The person in charge held responsibility for the review and management of complaints. At the time of inspection all logged complaints had been resolved and closed.

There was a contract of insurance in place against injury to residents.

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of the centre was made and the fee had been paid.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the current residents, taking into account the size and layout of the designated centre. A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection, staff were appropriately trained. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that a contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of the contract for care found that the terms relating to the bedroom to be provided to the resident, and the number of occupants of the bedroom was clearly stated.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Judgment: Compliant

Quality and safety

Residents expressed satisfaction with the direct care received. The inspector found that the interactions between residents and staff was kind and respectful throughout the inspection. The inspector found that non-compliance issues found on the last inspection in October 2024 with regard to Regulations 18: Food and nutrition, Regulation 28: Fire precautions and Regulation 9 Residents' Rights had all been addressed.

A sample of residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded through an electronic record system. The

inspector found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure best outcome for residents.

The inspector reviewed the care of residents who were being actively treated for a wound. The care of these residents was observed to be delivered to a high standard of evidence based nursing.

The centre was actively promoting a restraint-free environment and the use of bed rails in the centre was minimal. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

Residents who required temporary discharge to an acute facility were transferred with all relevant documentation required by the receiving centre.

Residents had access to advocacy services and information regarding their rights. The inspector observed multiple visitors on the day of inspection, with no restrictions in place. Activities were observed to be plentiful and residents were seen to come and go to the sessions they wished to attend. Residents were seen to be enjoying the interactions with their peers and the staff in attendance.

Residents' bedrooms were clean and tidy and decorated with personalised items on display. Sufficient storage for possessions was observed.

Mealtimes appeared to be an enjoyable experience for residents with good choice of both dinner and evening tea options available during the inspection. Assistance was available for residents who required it and staff were seen to be patient, calm and assisted residents in a respectful, unhurried manner. Trolleys with snacks and drinks were observed to be offered to residents throughout the day.

The provision of information to residents was evident on the day of inspection. Internet services were available to residents. Notice boards were evident throughout the centre with resident information displayed daily. Processes were in place for voting to be facilitated in the upcoming presidential election. Residents informed the inspector that meetings were held at suitable intervals to enable them to be adequately consulted about and participate in the organisation of the centre.

Residents told the inspector that they felt safe living in the centre. Staff knowledge of safeguarding procedures was evident on the day of inspection. Staff spoken with had knowledge of what constituted abuse and how to report a concern.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' Personal Emergency Evacuation Plans (PEEP)

were in place for staff to access in a timely manner in the event of a fire emergency. Annual fire training had taken place. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there. On-going maintenance was in place.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The inspector found that information on the complaints procedure and advocacy services were on display. Residents spoken with said that they knew how to make a complaint should they wish to do so and they knew how and when they could avail of services such as the hairdresser.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters to and from the centre were observed on review of residents care documentation. The documents reviewed ensured that the most relevant information was provided in accordance with the residents' current care needs.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that detailed the systems in place to identify, record and respond to risks that may impact on the safety and welfare of residents. There was an emergency response plan in place.

Judgment: Compliant

Regulation 28: Fire precautions

The fire alarm was serviced. The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were updated at regular intervals. A review of a new resident's records showed that a care plan had been developed within 48hrs of admission.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GP's were visiting the centre, as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy and tissue viability nurse specialist. Access to the national screening programme was facilitated.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Staff had up-to-date knowledge to support residents to manage their responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was known to staff. Staff demonstrated awareness in relation to how to keep residents safe, and could clearly describe the reporting mechanisms, should a potential safeguarding concern arise.

The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by the minutes of residents' meetings. The residents had access to local newspapers, radios, internet access, telephones and television.

The inspector found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents.

Advocacy services were available to residents as required and were advertised on notice boards in the centre, along with other relevant notifications.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant