Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ashley Lodge Nursing Home
Name of provider:	Ashley Lodge Nursing Home Limited
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	29 May 2026
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0049922

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

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
Friday 29 May 2026	08:00hrs to 15:35hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in Ashley Lodge Nursing Home were supported to live a good quality of life, by a dedicated team of staff who knew them well. Most residents were complimentary of the care they received. The residents spoke highly of the staff working in the centre and one resident told the inspector "staff here are fantastic, nothing is ever a bother". Staff were observed to deliver care and support to residents which was person-centered and respectful, and in line with their assessed needs. Visitors spoken with said there was good communication from management. One resident told the inspector that the food could be improved to suit their tastes.

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

On the morning of the inspection there was a relaxed atmosphere throughout the centre and residents were observed eating their breakfast and being assisted by staff in their bedrooms. Residents were brought to the day room by staff where they were observed watching TV.

The centre provides accommodation for 55 residents. The premises was laid out to meet the needs of residents. The centre was visibly clean, tidy and well-maintained. Communal areas were found to be appropriately decorated, styled and furnished to create a homely environment for residents. Many bedrooms were personalised and decorated according to residents' taste. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments, photographs and items of furniture brought in from home. There was a
secure courtyard which was observed in use by residents on the day and which also contained the residents' smoking area. Noticeboards in place throughout the centre displayed information such as advocacy services and information on upcoming events.

Residents spoke about their weekly trips out to places such as cafes and gardens which they told the inspector they enjoyed and that they were looking forward to an upcoming trip to Knock. Throughout the day the residents were observed interacting in activities in the day room. Some residents told the inspector they preferred to stay in their bedrooms and were observed reading and using electronic devices.

A residents' ambassador was appointed and they had undertaken training on human rights. Mass was broadcast live on TV from a local church and a priest visited the centre every two weeks. Hairdressing facilities were available to residents as required.

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

Capacity and capability

This was an unannounced inspection with a focus on adult safeguarding and reviewing the measures the provider had in place to safeguard residents from all forms of abuse. This inspection found that while there were management systems in place to protect the residents, the oversight of these systems required some improvement to ensure they were effective.

The registered provider of the centre is Ashley Lodge Nursing Home Limited. The centre is part of the Emeis Ireland group who own and run a number of centres across the country. A regional director was present on the day of the inspection. The person in charge was supported in their day-to-day management of the centre by a clinical nurse manager (CNM), nurses, healthcare assistants, administrative, laundry, domestic and catering staff.

Staffing levels in place on the day of inspection were sufficient to meet the assessed needs of the residents. The person in charge and clinical nurse manager had systems in place to oversee care delivery. Registration details for each staff nurse working in the centre were in place and Garda vetting was up-to-date for staff working in the centre.

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

There were systems in place to oversee the quality and safety of the service such as weekly governance reports and a system of audits were in place. There was a clearly defined management structure in place and the registered provider had completed an annual review of the centre for 2025. Staff were aware of the systems in place to report any concerns they may have. Notwithstanding, this inspection found that further oversight by the provider was required to ensure that safeguarding investigations were appropriately investigated, documented and evidenced. This is further discussed under Regulation 23: Governance and Management.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 23: Governance and management

Systems that were in place to monitor and oversee the quality and safety of the service were not sufficiently robust and consistent. For example:

- The investigation process into alleged safeguarding incidents were appropriately notified and investigated however, the investigation process required further strengthening to ensure investigations were comprehensive and effectively documented. While some improvements were noted, this was still a repeat finding from the previous inspection.
- A recent care plan audit recorded 100% compliance and did not pick up on the findings under Regulation 5: Assessment and care planning.
- Oversight of one-to-one residents' activities required strengthening to ensure that residents who preferred to stay in their bedrooms were still receiving activities in line with their preferences.

Judgment: Substantially compliant

Quality and safety

This inspection found that overall, measures taken by the registered provider to protect residents from harm and to promote residents' safety were in place, but required improvement in some areas to ensure the quality of the service was consistently maintained.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. Care plans reviewed mostly reflected the care needs of the resident. However, improvements were required as outlined under Regulation 5: Individual assessment and care plan.

The provider had ensured all staff had training in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). One staff required refresher training. Residents who displayed responsive behaviours had appropriate assessments and care plans in place to guide staff in relation to their preferences and identified triggers. Referrals to external services were in place to provide a person-centred approach to care.

The registered provider had systems in place to safeguard residents from abuse. The provider had a safeguarding policy to guide staff in recognising and responding to allegations of abuse. The provider maintained a complaints log in the centre and the person in charge had completed investigations in relation to complaints received, including any safeguarding allegations or concerns. Advocacy services information was on display throughout the centre. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse. The provider was a pension-agent for two residents and there were adequate systems in
place relating to this.

While there was a variety of activities offered in the centre and in the day room a renewed focus was required to ensure residents who preferred individual activities or preferred to stay in their bedrooms were also provided with opportunities to participate in activities in accordance with their interests and capacities as discussed under Regulation 9: Residents' rights.

The registered provider had ensured there were systems in place to facilitate residents to communicate freely. The person in charge had ensured any residents with specialist communication needs had a comprehensive care plan in place to guide staff on how best to communicate.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed, a small number required updating to ensure they reflected the specific needs of the resident. For example:

- One resident's care plan indicated that they were to be checked at 15 minute intervals. Upon further review the inspector found that these checks were not being consistently carried out by staff. This posed a significant risk and had not been identified by the provider's own internal management systems.
- A bed rail assessment had been carried out for a resident indicating a bed rail was required however, there was no corresponding care plan in place and staff spoken with confirmed that this resident did not have a bed rail in place.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support a number of residents with responsive behaviours. There was a restrictive practice register in place in the centre.

Judgment: Compliant

Regulation 8: Protection

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 all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Improvement was required to ensure that residents were provided with opportunities to participate in activities in accordance with their interests and capacities.

- A small number of residents' whose care plans indicated that they preferred to stay in their bedrooms did not always have evidence of one-to-one activities recorded in their care notes.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ashley Lodge Nursing Home OSV-0000009

Inspection ID: MON-0049922

Date of inspection: 29/05/2026

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	Substantially Compliant

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

• From 27th of July 2026, all investigations will be comprehensively and effectively documented. This will be monitored monthly by the DON and Regional Director at clinical governance and reviewed monthly by the RPR to ensure that the quality of investigations improves.
• By 17th of July 2026, a review of resident care notes pertaining to activity provision will be completed.
• By 17th of July 2026, activity staff will be provided with additional training on the importance of documentation pertaining to residents' participation, particularly residents who wish to stay in their bedrooms.
• From 17th July 2026, all residents whose care plans indicate that they preferred to stay in their bedrooms will have evidence of one-to-one activities recorded in the care notes. This will be monitored weekly by the management team and reviewed monthly at clinical governance.
• By 31st August 2026, all those completing audits will receive refresher training to ensure that they can identify opportunities for improvement and non-compliance wit the agreed standard, specifically in care planning.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• By 17th of July 2026 a review of all 15-minute checks will be conducted to evidence that these checks are being consistently carried out by staff. This will be reviewed weekly by the management team and monthly by the DON and Regional Director at clinical governance.
• By 27th of July 2026 a review of bedrail usage in the home will be conducted. Residents who are risk assessed as requiring a bedrail will have a corresponding care plan in place. This will be reviewed by the management team monthly and monitored by the DON and Regional Director at monthly clinical governance.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• By the 17th of July 2026, a review of resident care notes pertaining to activity provision will be completed.
• By 17th of July 2026, activity staff will be provided with additional training on the importance of documentation pertaining to residents' participation, particularly residents who wish to stay in their bedrooms.
• From 17th July 2026, all residents whose care plans indicate that they preferred to stay in their bedrooms will have evidence of one-to-one activities recorded in the care notes. This will be monitored weekly by the management team and reviewed monthly at clinical governance.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	27/07/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	27/07/2026

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/07/2026