



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ryevale Nursing Home
Name of provider:	Ryevale Nursing Home Kildare Limited
Address of centre:	Leixlip, Kildare
Type of inspection:	Unannounced
Date of inspection:	21 July 2026
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0049415

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	172
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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
Tuesday 21 July 2026	06:40hrs to 15:15hrs	Geraldine Flannery	Lead
Tuesday 21 July 2026	06:40hrs to 15:15hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out by two inspectors of social services, which took place over one day. Inspectors spoke with residents, visitors and staff to elicit their opinion on the service being provided in the centre. The inspectors spent time observing the residents' daily life in the centre to understand their lived experience.

Overall, residents said that they were supported to live very comfortably in Ryevale Nursing Home. Residents spoke about the wonderful care they received and had high praise for the staff within the centre. One resident said how 'grateful' they were to the staff for their 'kindness' each day.

Visitors described how not only did the staff and management look after the residents well, but also 'looked after the entire family'. Several family members detailed how they could approach any member of staff at any time and described Ryevale as a 'very impressive nursing home'.

Notwithstanding the positive feedback from residents and relatives and the observations by inspectors, some gaps were identified in residents' care documentation and will be discussed under the relevant section of the report.

Throughout the day, there was a warm and inviting ambiance in the centre. Staff were friendly, cheerful and welcoming and it was evident that staff knew the residents' needs and preferences well. Inspectors observed a family-like dedication from staff with gentle, patient and courteous resident and staff interactions.

The centre was seen to be clean, bright and tastefully decorated throughout. There were many sunlit communal spaces and cozy reading nooks in the centre. A calming scent of essential therapeutic oils filled the air, creating a peaceful atmosphere.

Directional signage was available to facilitate residents' movement throughout the centre and aid independence. Communal areas were seen to be well-used by residents throughout the day, and some residents were observed hosting their guests, watching television and reading. Residents had easy access to enclosed outdoor courtyards. The corridors were clutter-free and fire exits were kept clear.

Resident bedrooms were found to be clean and organised. Inspectors observed that many residents had pictures, photographs and other personal items displayed in their bedroom, which ensured a homelike environment. Residents who spoke with the inspectors were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings.

Inspectors were informed that laundry facilities were available in the centre and some residents' clothing was washed and dried on-site. Some families informed the

inspectors that they carried out the laundering of their relatives' personal clothing at home, as was their preference.

In addition, inspectors heard about a number of laundry facilities in the local area that provided a pick-up and drop-off laundry service, several times per week for those residents who chose not to use the in-house laundry service. Inspectors observed a very efficient process where staff recorded all items going out to the external laundry and checked the items when they came back, to ensure all laundry was returned to the residents.

Inspectors spoke to one visitor who availed of the external laundry, and said they were very happy with the service. They also informed inspectors that they were unaware of the in-house laundry facility. Inspectors highlighted this to management on the day of inspection, and they provided assurance that they would send a communication to all residents and their families regarding the option of using the in-house laundry service, if preferred.

Inspectors observed breakfast and lunch being served. The menu for the day was displayed on each dining room table. There were many options available for each meal. The food appeared hot and appetising, and residents said the food was wonderful, they got lots of choice and it was always served hot. Residents had access to a choice of drinks with their lunch, and they had drinking water in their bedrooms. Sufficient staff were available to assist residents, while their independence was encouraged and promoted.

Inspectors observed that call-bells were responded to promptly. Staff knocked on the bedroom door before entering and then called out to the residents to inform them of who they were. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms were supported by staff throughout the day.

Residents were supported to enjoy a good quality life in the centre. A range of recreational activities were available to residents seven days a week, including exercise classes, pet therapy, music and bingo. One resident informed inspectors that the highlight of his day was when 'Archie' the therapy dog came to visit. Activity staff were on site and were seen to encourage resident participation in events and facilitate group and one-to-one activities throughout the day.

There were regular residents' meetings, and the minutes of these meetings were available for review. Inspectors noted that following these meetings the management team set about making an action plan and implementing improvements, as suggested by the residents.

The following two sections of the report outline how the governance and management arrangements of the registered provider determine the quality and safety of care provided and the specific findings are later outlined under individual regulations.

Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents. The provider sustained good levels of care and oversight of the service across all regulations reviewed, with some improvement required in respect of individual assessment and care planning, and will be detailed in the report under the relevant regulation.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended).

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

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive and ongoing schedule of audits in the centre and the audits were found to be objective and identified areas for improvements.

An annual review of the centre was available and a quality improvement plan was in place. The residents' opinions and their views were considered when developing the annual review. The feedback results were very positive which was reflective of what the inspectors found on the day.

Regulation 15: Staffing

A sample of staff duty rotas was reviewed, and in conjunction with communication with staff, residents and visitors, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 21: Records
All records as set out in Schedules 2, 3 and 4 were available to the inspectors. Retention periods were in line with the centre's policy and records were stored in a safe and accessible manner.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place that identified the lines of authority and accountability. Management systems were effectively monitoring quality and safety in the centre. There was a proactive management approach in the centre which was evident by the ongoing audits and subsequent action plans in place to improve safety and quality of care.
Judgment: Compliant
Regulation 24: Contract for the provision of services
Each resident had a contract for the provision of service. It clearly set out the cost of residing in the centre, and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.
Judgment: Compliant
Regulation 34: Complaints procedure
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 and their families knew who to complain to if they needed to.
Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures in line with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Care planning documentation was available for each resident in the centre. There was evidence that they were completed within 48 hours of admission and reviewed at four month intervals. However, residents' individual assessments and care planning required further improvement to ensure that they were accurate and up-to-date for staff to follow when providing care.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. They had access to adequate lockable space to store and maintain personal possessions.

The nursing home had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences.

Residents' nutritional and hydration needs were met. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency of meals and drinks. Mealtimes varied according to the needs and preferences of the residents. Residents' weights were routinely monitored.

A comprehensive centre-specific policy was in place to guide nurses and carers on the safe management of medications. This policy was up-to-date and based on evidence-based practice. Through observation, the inspectors could see medicines were administered in accordance with the prescriber's instructions and in a timely manner. Medicines were stored securely in the centre and returned to the pharmacy when no longer required as per the centre's guidelines. Records showed that controlled drug balances were checked at each shift change as required by the Misuse of Drugs Regulations and in line with the centre's policy on medication

management. A pharmacist was available to residents to advise them on the medications they were receiving.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions.

Judgment: Compliant

Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Care practices respected residents' dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises of the designated centre were appropriate to the number and needs of the residents in the centre and in accordance with the statement of purpose. It was kept in a good state of repair and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' assessments and care plans found some gaps and that they were not all fully in line with the requirements of the regulations. For example;

- Two residents who had a fall did not have an updated falls risk assessment or an updated care plan to reflect their care needs.
- One resident who had been reviewed by the speech and language therapist did not have the most up-to-date recommended consistency of food reflected in their nutritional care plan. This posed a risk that the resident could be receiving the incorrect food consistency.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Compliance Plan for Ryevale Nursing Home OSV-0000091

Inspection ID: MON-0049415

Date of inspection: 21/07/2026

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The management team present on the day of the inspection, and in the days following, undertook a thorough audit of all residents' care plans. All care plans identified as requiring attention have since been reviewed and updated. Specific feedback regarding areas for improvement has been provided to the staff nurses responsible for resident care planning. This feedback is intended to ensure that care plans consistently reflect a person centred approach and accurately capture each resident's individual needs, preferences, and choices. Care plan audits will remain a priority until management is satisfied that all staff are fully compliant with the required approach to care planning and that person centred care planning is consistently embedded in practice.	

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 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	21/08/2026