



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, Curraghera, Ashbourne, Meath
Type of inspection:	Unannounced
Date of inspection:	10 July 2025
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0047393

About the designated centre

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

Kilbrew Recuperation and Nursing Care 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:	64
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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
Thursday 10 July 2025	07:25hrs to 15:35hrs	Aoife Byrne	Lead
Thursday 10 July 2025	07:25hrs to 15:35hrs	Celine Neary	Support

What residents told us and what inspectors observed

An unannounced inspection was conducted over the course of a single day by two inspectors. Based on their observations and conversations with the residents, it was noted that The Residence Ashbourne is a pleasant place to live. The inspectors engaged with seven residents who expressed satisfaction with their living conditions and highlighted the kindness of the staff. One resident informed the inspectors that "attention from staff is A1" while another resident said "it's an excellent service".

The Residence Ashbourne is situated on the outskirts of Ashbourne, Co. Meath. The centre was purpose-built and provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. The centre provides both long term and respite care and accommodates a maximum of 74 residents. The accommodation is arranged over one floor and consists of both single and double occupancy bedrooms. There was 64 residents living in the centre on the day of inspection.

Inspectors arrived at the centre early in the morning in order to observe practices and meet with staff who had worked on night duty. There was a supernumerary night duty clinical nurse manager (CNM) overseeing the care and service at night. Inspectors walked through the centre and observed that the atmosphere was relaxed and calm. Inspectors found the premises was bright and clean throughout. Residents were supported to personalise their bedrooms, with items such as photographs, artwork and their own furniture. Following the walk around inspectors took the opportunity to observe the handover process (passing on the relevant information from the night time staff to the day-time staff) on one of the units. Inspectors observed that comprehensive and relevant information was shared in respect of each resident.

The dining experience was observed to be a pleasant and enjoyable experience for most of the residents. Residents were provided with a choice for their meals and could attend the dining room or remain in the privacy of their bedroom for meals. Staff were available to provide support and assistance to residents with their meals. One resident who was having their lunch in their bedroom on Cloisters unit told inspectors that "the food is cold". Inspectors raised the issue with management who confirmed that they were aware of this ongoing issue as there was no hot trolley for this unit, unlike the other two units. However, management had addressed this and assured inspector's that a hot trolley was ordered and it was awaiting delivery.

Residents living in the centre were supported to enjoy a good quality of life. There were plenty of activities available for residents such as cards, exercises, guitar, and Mass. The centre was planning an 80s Summer party on the 15th July 2025 and residents and staff were looking forward to it. On the day of inspection, ice-cream was organised and some residents sat out in the enclosed garden area enjoying the sun eating ice creams.

Throughout the day, residents were observed in a variety of communal settings that included the oratory, communal dayroom, enclosed courtyard and smoking area. Residents appeared to be relaxed and enjoying being in the company of staff. Inspectors observed staff were responsive and attentive to residents' requests and needs. Staff knocked on residents' bedroom doors before entering.

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 affects 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

This was an unannounced one-day risk inspection carried out following the airing of an RTE Investigates programme. Although this centre did not feature in that programme, the centre is one of the 25 nursing homes that are part of the Emeis Group of nursing homes. The purpose of the inspection was to ensure that all residents were safe and receiving an appropriate standard of quality care, the centre had adequate resources and to assess the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

Inspectors found that this was a well-managed centre, which ensured that residents were provided with good standards of care to meet their assessed needs. Overall, there were effective management systems in place which provided oversight to maintain these standards. However, some improvements in the storing and oversight of records were required as outlined under Regulation 21: Records.

The management team were proactive in response to issues identified through audits with a focus on continual improvement. Where improvements were identified action plans were put into place to improve the quality of the service provided.

The inspectors reviewed the minutes of management and staff meetings and were assured that topics such as quality and safety, risk, safeguarding, care planning and infection prevention and control were regularly discussed as part of their regular meeting agendas. An annual review had been completed for 2024 and included residents' feedback.

Staffing levels on the day of this inspection were adequate to meet the needs of the residents during the day and night. Staff spoken with were familiar with residents' needs and had appropriate qualifications for their role. They also demonstrated that they were knowledgeable and skilled in fire safety procedures, safeguarding and safe moving and handling of the residents.

Inspectors found that there were adequate supplies of continence wear, wipes, healthcare equipment and linen available to support the care and service provided for residents.

Inspectors reviewed a sample of staff personnel files. These 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.

From an examination of the log of incidents it was evident that notifications of these incidents were submitted appropriately along with follow on information to inform the inspectors of how the incident was being dealt with.

The registered provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. The provider was keen to learn from complaints and, to identify patterns that may impact on the quality of the service provided through regular review at governance meetings. Complaints were managed in a timely manner.

Regulation 21: Records

All records containing confidential information were not stored in a secure and safe manner within the designated centre. The inspectors identified that residents files that required archiving were stored externally in a container.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and monitoring indicators of quality of care. These audits informed ongoing improvements in the centre. There was a proactive management approach which was evident by the ongoing action plans in place to improve safety and quality of care.

This centre was adequately resourced to meet the needs of residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time-lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service. There had been three complaints since the last inspection, all of which had been responded to and investigated in a timely manner.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in The Residence Ashbourne were receiving a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' wellbeing and independence were promoted.

The premises was designed and laid out to meet the individual and collective needs of residents. There was a variety of communal day space, such as dining rooms, day rooms, and visitor's rooms. All communal areas were bright, comfortably furnished and had a variety of furnishings.

Residents were facilitated with timely access to general practitioner (GP) services as required or requested. Where residents were assessed as requiring additional health and social care professional expertise, there was a systems of referral in place.

Residents' nutritional care needs were appropriately monitored. Inspectors observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. The different food consistencies

served to residents reflected their assessed needs. The food was presented neatly, as a result, the resident could identify the different food groups on their plate. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

Arrangements were in place for residents to access appropriate pharmaceutical services. The centre implemented safe procedures, underpinned by policies, to ensure safe medication management practices were in place.

Each resident was provided with a guide to services in the designated centre in an accessible format on admission to the centre. The information guide contained the information required by the regulations.

The provider had measures in place to safeguard residents from abuse. An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute as abuse and the appropriate actions to take, should there be an allegation of abuse made. Prior to commencing employment in the centre, all staff were subject to Garda vetting.

Regulation 17: Premises

Following up on the compliance plan from the last inspection, the provider ensured that the following was completed:

- The emergency call-bell systems were in place for communal areas such as hairdressers and oratory.
- The paving in the enclosed area was resurfaced to ensure it was even and did not pose a trip hazard to residents.

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 and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

Following up on the compliance plan from the last inspection in November 2024 the provider had updated the guide for residents which now contained all the requirements of the regulation. This included information regarding;

- The terms and conditions in relation to residence in the centre.
- How to access any inspection reports on the centre

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were provided with appropriate access to pharmaceutical services and a pharmacist who was acceptable and accessible to the residents.

Arrangements were in place to ensure that prescribed medicinal products were securely stored and administered safely, and appropriately, in accordance with the direction of the prescriber.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professional support to meet their needs.

Services such as physiotherapy, speech and language therapy, occupational therapy, tissue viability nursing expertise and dietitian services were available to residents through a system of referral.

The recommendations from health and social care professionals were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

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	
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Residence Ashbourne OSV-0000143

Inspection ID: MON-0047393

Date of inspection: 10/07/2025

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: A review of storage has been completed and a new unit is being constructed to store records, this will be completed by the 30/11/2025.	

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(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/11/2025