



# 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:	04 December 2025
Centre ID:	OSV-0000143
Fieldwork ID:	MON-0048978

## About the designated centre

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

The Residence Ashbourne 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:	68
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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 4 December 2025	08:30hrs to 16:45hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

During this unannounced monitoring inspection the inspector observed that in general, staff and management were working towards improving the quality of life and promote the rights and choices of residents in the centre.

The inspector met with many residents during the inspection, and spoke with 13 residents and nine visitors in more detail to gain insight into their experience of living in The Residence Ashbourne.

Overall the feedback was complimentary, and all residents spoken with expressed satisfaction about the standard of care provided. Residents reported that the service was good and that they were happy living in the centre. Relatives were mostly positive about the way their loved one was taken care of and spoke about the great efforts that were made by staff 'to ensure they had everything they needed'.

Notwithstanding the positive feedback, the inspector heard about a heating issue in one area of the centre and highlighted the concerns to management on the day of inspection. While no complaints had been raised, management were aware of the issue and had plans in place to fix the problem, and confirmation was received following the inspection that it had been addressed.

The inspector observed that since the last inspection the registered provider had made some advances in respect of storage of records. While a storage facility had been created since the last inspection in July 2025, further improvement was required to ensure all records were accessible and available in the designated centre as required. This will be detailed in the report under the relevant regulation.

The lived-in environment was clean, nicely decorated and met residents' needs. There was sufficient private and communal space for residents to relax in. Residents had easy access to an enclosed outdoor courtyard. The corridors were clutter-free and fire exits were kept clear.

Resident bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

Laundry facilities were provided on-site and residents informed the inspector that they got their clothes back clean and fresh every few days. Clothing was labelled with residents' names to ensure it was returned to the residents.

The inspector observed the lunchtime experience and found that the meals provided appeared appetising and served hot. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an

alternative meal should they not like what was on the menu. Adequate numbers of staff were observed offering encouragement and assistance to residents.

Residents were supported to enjoy a good quality life in the centre. Activity staff were on-site to organize and encourage resident participation in events. One resident spoken with said that there were lots of activities to choose from and that in particular they enjoyed the baking club. Another resident said they enjoyed the outings especially trips to the zoo, local restaurants and shopping excursions.

Staff who spoke with the inspector were knowledgeable about the residents they cared for, and expressed a commitment to making every effort to support the safety and welfare of residents.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces in the centre. Visitors confirmed they were welcome to the home at any time.

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

Overall, residents were provided with a good standard of care by management and staff, who were focused on improving residents' wellbeing while living in the centre.

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 The Residence AB Limited, which is part of Emeis group. A senior management team was in place to provide managerial support at group level. The person in charge was responsible for the local day-to-day operations in the centre and was supported in the role by a team of staff nurses, healthcare assistants, activity, catering, housekeeping, administrative and maintenance staff.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call-bells were answered without delay and residents informed the inspector that they did not have to wait long for staff to come to them.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory training had been completed.

Records requested on the day of inspection were all made available for the inspection. However, a review of the records in the centre found that the management of records was not in line with the regulatory requirements and will be further discussed under Regulation 21: Records.

Documents reviewed were compliant with the legislative requirements including, written policies and procedures, and insurance certificate.

### Regulation 15: Staffing

From a review of the rosters and speaking with residents, visitors, staff and management, the inspector found that there were adequate levels of staff members on duty for the size and layout of the centre. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

### Regulation 21: Records

Notwithstanding the good management of the records seen on the day of inspection, the registered provider did not ensure that all required records under the regulation were stored within the designated centre. This resulted in some records not always being readily available for inspection. The inspector acknowledges that a new on-site storage unit had been recently installed and was awaiting shelving and linking to the fire alarm to enable records to be stored safely.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were available for inspection. All were updated within the time frame as set out by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the residents appeared content living in the centre and said they felt safe. The inspector saw evidence of individual residents' needs being met and a good level of compliance with regulations.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in

the centre. There were resident meetings to discuss key issues relating to the service provided.

The inspector observed that staff knew how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

Residents were supported, where appropriate, to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse.

Appropriate arrangements were in place to ensure that, when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety. Staff confirmed that they completed and sent 'The National Transfer Document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information.

There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPs) developed for each resident and these included assessed mobility needs to inform staff of residents' needs in the event of an emergency evacuation.

### Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy.

Judgment: Compliant

## 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 lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Residence Ashbourne OSV-0000143

Inspection ID: MON-0048978

Date of inspection: 04/12/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A purpose built records storage unit has been installed which is separate from the main building and it is installed to the back of the building, Record storage is in the process of being added to the floor plans and the shelving and the fire alarm installation will be completed by the 28/02/2026 which will ensure appropriate storage of all required records.</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	28/02/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	28/02/2026