



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

Issued by the Chief Inspector

Name of designated centre:	Ashford House Nursing Home
Name of provider:	Ashford House Nursing Home Limited
Address of centre:	6 Tivoli Terrace East, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	25 February 2026
Centre ID:	OSV-0005466
Fieldwork ID:	MON-0043863

About the designated centre

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

The centre can accommodate 78 residents, male and female, over the age of 18 years. The centre caters for individuals with a range of dependencies from low dependency to maximum dependency and provides long-term residential and nursing care, convalescent care and respite services. Accommodation consists of single and twin bedrooms, all of which have accessible en-suite facilities. Each floor has a communal lounge and dining room. There is a large reception area, activities room, a sensory (quiet) room, library, reminiscence room and hairdressing salon in the centre. There is a passenger lift between the three floors. Lounge areas on the upper floors have access to balconies which overlook the garden area. Access to this enclosed garden is available on the lower ground floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77
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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
Wednesday 25 February 2026	10:00hrs to 16:30hrs	Bernadette McDonald	Lead
Wednesday 25 February 2026	10:00hrs to 16:30hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the day, inspectors spoke with seven residents who reported that they were very happy living in Ashford House. Residents told inspectors that the staff were kind, helpful and one resident told inspectors that the 'care was 110%'. There was a calm, relaxed atmosphere in the centre and inspectors saw staff interacting with residents in a kind and professional manner. Staff demonstrated good knowledge of the residents' individual likes and dislikes, for example activities staff were very familiar with residents and their individual needs, voicing that some residents liked to have a bespoke daily newsletter read to them. Activities staff were busy setting up for the day, and inspectors observed "The Daily Sparkle" newsletter being delivered to all residents. This newsletter contained pictures and written accounts reminiscing on past events in their lifetimes. Residents reported that they enjoyed reading it. All interactions observed were person-centered and courteous. Staff knocked on residents' doors before entering their rooms and spoke with them in a calm unrushed manner. Staff were responsive and attentive without any delays while attending to residents' requests and needs, for example call-bells were attended to in a timely manner.

On arrival to the centre inspectors were met by the assistant director of nursing (ADON). Following introduction and a brief explanation of the purpose of the inspection, the inspectors went on a walk around the centre, which was laid out over three floors. The lower ground floor is the Harbour suite, the ground floor the Waterfall Suite and the Lighthouse Suite is located on the first floor. Each of the floors was observed to be clean and decorated nicely with photos of the harbour, waterfalls and lighthouses in keeping with their names. There are 44 single occupancy bedrooms and 17 twin occupancy bedrooms, all with en-suite facilities. There were handrails on all corridors, which facilitated residents to mobilise freely and many seating areas were available throughout. Following the walk around an introductory meeting with the Person in Charge and ADON was held.

The Harbour suite on the lower ground floor included bedrooms, staff areas, kitchen, laundry and a reminiscence room which was used for activities and by residents when family and friends visited. Residents had access to a choice of cold drinks at all times. Hot drinks were also served at different times. This room had access to a well-maintained enclosed garden, with a pathway, seating areas, and an appropriately equipped smoking area.

The Waterfall suite on the ground floor has a reception area and communal areas, including a lounge, dining room, library and bedrooms. Residents were observed taking part in "Parachute" exercises with activities staff in the day room. Residents reported that they enjoyed this activity and it was "fun". Inspectors observed

residents laughing and chatting together during this activity. This room led onto a balcony overlooking the garden.

The lighthouse Suite on the first floor had a lounge, day/dining room and a hairdresser which was open three days a week. Each corridor had themed notice boards displaying interests of residents, for example gardening, the theatre and cars. Inspectors observed the hairdressers to be very busy throughout the day and residents reported that they really enjoyed getting their hair done.

The bedrooms on all floors were decorated with personal items and gave a homely feel. Bedrooms had different colour schemes offering a more personal touch to the decor. Bathrooms and en-suites were bright and clean.

The inspectors observed the mealtime in the dining room on the day of inspection as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Staff assisted residents who needed support, and modified diets were presented attractively. Dining room tables were nicely set and had menus available. Residents also had access to a variety of drinks to choose from, residents could have water, cordial or milk with their meals.

Residents were seen receiving visitors in communal areas and their bedrooms. All visitors expressed a high level of satisfaction with the quality of care that was provided to their relative and friends and stated that their interactions with management and staff were positive. Visitors reported that staff were very kind and approachable.

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

Overall, the inspector was assured that the service had effective clinical governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre.

This inspection found that there was a clearly defined management structure in place. The centre has a good history of compliance with the regulations and this was evident on the day of inspection. The inspector observed that actions outlined in the compliance plan from the previous inspection were completed. However further oversight was required for individual assessment and care plans, as detailed further under Regulation 5.

This unannounced inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 to 2025 (as amended) and to follow up on the compliance plan from the last inspection in January 2025. During the day, the inspectors spoke with residents and their visitors to gain an insight into their lives in the centre. The inspectors also observed interactions between staff and residents and reviewed documentation.

Ashford House Nursing Home Limited is the registered provider of Ashford House Nursing Home. The person in charge and assistant director of nursing facilitated the inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. There was a clear management structure that identified lines of authority and accountability within the centre. The person in charge was supported by a company director representing the registered provider, a person participating in management (PPIM), an assistant director of nursing (ADON), a clinical nurse manager (CNM), staff nurses, healthcare assistants, activity staff, catering, housekeeping and laundry staff on the day of inspection.

The governance and management arrangements in the centre covered all areas of the service. Inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place every month and directors' meetings every two months. Since the last inspection many audits have been undertaken. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example care planning audits, falls audit and medication audits. All audits displayed evidence of trending of any area requiring improvement, a clear action plan and the expected outcomes. A resident satisfaction survey completed in 2025 identified a 90% satisfaction rate overall. A detailed annual review for 2025 was available, which outlined the improvements completed in 2025 and improvement plans for 2026. The provider had a risk register for monitoring and managing known risks in the centre.

Through quality checks, and feedback from residents in the residents' meetings, the provider had identified a need to improve some aspects in relation to meals and mealtime. They brought together a group of residents and staff to discuss the issues, and identify how improvements could be made. One action that had been taken was to identify a quieter area for those who wanted to take meals outside of their bedrooms, but found the dining rooms too noisy. Inspectors observed that some residents were eating in the library, as had been agreed, and found this an improvement.

There were sufficient staff on duty on the day of the inspection to support the needs of the residents. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Engagement between the staff and residents was seen to be positive, and support was seen to be provided discreetly through the inspection.

Inspectors reviewed a range of documentation, all of which was found to be clear, and accessible. While the majority of documents were up-to-date, the directory of residents had not been fully completed in respect of four residents.

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, it was clear that there was sufficient staff on duty to meet the needs of the residents. On review of staff rosters there was a minimum of three nurses on duty at all times. This included taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residence did not contain all information as requires under schedule 3 of the regulations:

- Four entries did not have the date and cause of death completed in the directory.

Judgment: Substantially compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 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

The governance and management systems in place provided adequate oversight to ensure effective delivery of a safe, appropriate and consistent service. There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff

demonstrated a commitment of continuous improvement through a system of ongoing monitoring of the services provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this is a good service which provides high quality care to residents. Residents told inspectors that they were happy living in the centre and that they felt safe. One area to be addressed by the provider was in relation to updating care plans in line with residents' changing needs following assessment and review by healthcare professionals.

On the day of inspection there were range of activities taking place. When there was no planned activities in the communal rooms, staff were seen engaging with residents and playing music or chatting. Residents enjoyed some physical activities in the morning, and in the afternoon there was a poetry club. The poems for the week were in Irish language, as chosen the previous week by the residents. The group were enjoying refreshments including wine with scones, and finishing out with a sing song. They confirmed to inspectors they enjoyed this session every week.

The centre was decorated throughout with items to support reminiscence, and to reflect residents' interests. There were a number of notice boards around the centre that had been decorated with a particular theme. The boards included written information, had tactile items, and were visually bright to catch the attention. One theme was the theatre, and there were red velour curtains, and pictures of actors over the years.

Inspectors observed through the day that residents' dignity was maintained, with doors closed during personal care, staff knocking on doors before entering, and engaging with residents prior to supporting them to ensure they knew what was happening, for example at meal times, explaining what the meals choice was and providing discreet assistance where required.

Staff spoken with were very clear about the steps to take if they observed poor care, or had any issue of concern reported to them. They had completed safeguarding training, which was repeated as a refresher periodically. Where any incidents had occurred, records showed that steps were taken to ensure residents were safe, and to ensure any support needs were being met.

There were regular residents' meetings, where residents were provided with important information, and also asked for their views on how the service was running. In recent meetings, residents had been reminded of the importance of cough etiquette in managing breakouts of flu and other illnesses. Over a number of meetings, residents had provided feedback about the variety and quality of food. The registered provider had responded to this by organising a focus session on meals, which then resulted in a set of recommendations. Inspectors observed that agreed actions had been taken, for example making sure the choice of options on the menu were available in each dining room, and residents reported positive feedback about the meals they received.

An electronic system of assessment and care planning was used in the centre. Pre-admission assessments took place before the resident's admission. Upon admission, a person-centre assessment and care plans were prepared. There was evidence of review at intervals not exceeding four months or as required by a residents' changing needs. The care plans were person-centred, and provided detail on residents' preferences, in relation to a range of areas, including personal care, sleeping arrangements and food preferences. There were also record for most residents about their life before moving to the centre, including their family, any work history, and interests and hobbies. This supported staff to know about their lives, and engage with them about their experiences. Some meetings had been held with residents and their families to update relevant information. However, gaps were identified in respect of ensuring that care plans were reviewed and updated with recommendations from healthcare professionals to ensure they reflected the current arrangements for the residents, as further outlined under Regulation 5.

A review of medicine management in the centre found that medications were managed in line with the centres' own policy and the requirements of the regulations. The person in charge had ensured that all medication in the centre was stored correctly, and disposed of appropriately. Residents on modified diets had their medications administered in an appropriate form, and medications were seen to be administered within recommended time frames. Medicines controlled by the misuse of drugs legislation were stored securely and balances were checked by staff nurses twice daily. The inspectors reviewed balances of a sample of controlled drugs which were seen to be correct. Medicines that were out-of-date were stored in a secure manner away from other medicinal products. Residents were afforded the choice of pharmacist on admission to the centre.

Regulation 10: Communication difficulties

There were care plans in place for each resident setting out their communication needs. This included any equipment required for sight or hearing, and also the maintenance arrangements for any equipment noted. For example, hearing aids.

Staff were seen to support residents, in line with their identified support needs. This included residents with reduced cognition, where staff were seen to get the attention of the resident, and speak clearly and at a pace suitable for each individual's ability.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of residents' records showed that where residents were leaving the centre for treatment or support in another service, appropriate information was sent with them. The staff used the national transfer letter as a template, and ensured relevant information about a person's health and social care needs was included, with sufficient information to direct care.

When residents returned from another service, the nursing staff were clear on the information that was required, and also the steps to take if any relevant information was missing.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good medication management systems in place. The provider had ensured that a pharmacist of the resident's choice was available to each resident. Medication administration was observed, and the inspectors found that the nursing staff had adopted a person-centred approach. The records reviewed found that medicines were administered in accordance with the directions of the prescriber. Medicines administered were suitably recorded in the medication administration records following administration to residents.

The inspectors noted that the medication trolley and all medicinal products, such as nutritional supplements, were secured at all times. Robust measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. The records reviewed showed medication reconciliation being conducted upon the resident's return from the hospital. There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of eleven residents' care plans displayed a general person centered approach and a good standard overall.

While all care plans had been reviewed every four months, a small number of examples were seen where they had not been updated to reflect recommendations given by other health care professionals. This resulted in care plans containing out of date information on the resident, but the four month review had not identified this gap.

Judgment: Substantially compliant

Regulation 8: Protection

There was a clear policy in place that provided clear information on the types of abuse that could occur in services for older people, and also the steps to take if staff became aware of a safeguarding incident.

Staff spoken with were knowledgeable about what safeguarding meant in the service. They confirmed they had completed training, and were able to respond to a number of questions about what they would do if they were notified of an allegation, or suspected abuse had occurred.

Residents spoken with said they felt comfortable in the service.

Judgment: Compliant

Regulation 9: Residents' rights

There was an activities program in place across seven days. It included a range of arts, exercise, and music opportunities. There were regular resident meetings, and residents were asked for their feedback on the activities, and any additional things they would be interested in.

Residents were seen to be spending their time as they preferred during the inspection. Some residents did not get up for breakfast until later in the morning,

some were going out with visitors, and some were enjoying time in the various communal areas in the centre.

There was access to televisions in communal rooms and bedrooms. Music, DVDs, books were all available to residents in line with their interests, there was also access to WiFi.

Residents who chose to vote were supported to do so, with a visit from the polling team in the centre, when elections were occurring.

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 15: Staffing	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ashford House Nursing Home OSV-0005466

Inspection ID: MON-0043863

Date of inspection: 25/02/2026

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:

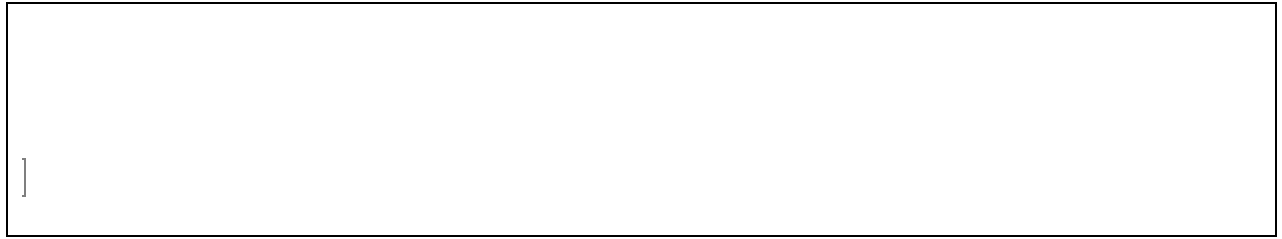
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents has been reviewed and all missing details, including date and cause of death, have now been updated in line with Schedule 3 requirements. A weekly check is in place to ensure all entries are complete and up to date. Staff have been reminded of documentation requirements, and regular audits will continue to monitor this.</p> <p>Status: Completed and ongoing.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans have been reviewed and updated to reflect residents' current needs and latest recommendations from healthcare professionals. Systems are in place to ensure care plans are updated promptly after any review. Regular bimonthly audits and staff training support care plans to remain accurate, person-centred and up to date.</p> <p>Status: Completed and ongoing</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	26/02/2026
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 necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2026