Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ashley Lodge Nursing Home
Name of provider:	Ashley Lodge Nursing Home Limited
Address of centre:	Tully East, Kildare, Kildare
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0000009
Fieldwork ID:	MON-0048916

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49

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
Thursday 20 November 2025	07:55hrs to 16:35hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

Overall, residents in Ashley Lodge nursing home told the inspector they were content living in the centre. The inspector spoke with nine residents and two visitors throughout the day to gain an insight into the care provided. There was a friendly and welcoming atmosphere in the centre and residents spoke warmly about staff and told the inspector "it's fantastic here, the staff and the food are all brilliant, we get the very best of care" and "it's lovely here, we are well looked after". It was evident that staff were working towards improving the quality of life of residents living in the centre. Another resident said "I can't complain, overall staff are good". Visitors spoken with told the inspector " there is good communication with the management team and the place is spotless, staff are good".

The inspector arrived to the centre early in the morning. On entering the centre there was a relaxed atmosphere. Most of the residents were sleeping and some residents were eating their breakfast in the dining room or their bedrooms. The inspector walked around the centre observing the morning routine for residents. Throughout the morning staff were seen attending to residents in their bedroom, kind and respectful interactions were observed between staff and residents. The inspector observed that residents having breakfast in the dining room were being supervised by care staff.

The centre provided accommodation for 55 residents. The centre was visibly clean and tidy. Maintenance had been carried out on the flooring of one corridor and the floor covering was due to be changed in the remaining two corridors. Communal areas were found to be in use throughout the day of the inspection. Bedroom accommodation comprised of single and twin bedrooms, the majority with en-suites. Many residents' bedrooms were personalised and residents had decorated their bedrooms with personal items of significance, such as ornaments, photographs and soft furnishings.

Most residents spent their day in the large sitting room located next to the reception hall. The inspector observed that bingo was taking place in the morning for approximately two hours. Almost half of the residents in the sitting room were seen to be participating in the game. In the afternoon a pop-up shop selling clothing items was available for residents and their families in the sun-room. A priest from the local area arrived to the centre in the afternoon to administer communion to the residents. Newspapers were delivered to the centre and residents were observed reading the newspapers throughout the day.

The inspector observed the main lunch meal which took place in the dining room with two sittings for residents. There was a choice of two main meals available with a selection of vegetables on the side. The atmosphere in this area was calm and residents were observed chatting amongst themselves while enjoying their main meal. Dining room tables were nicely set with tablecloths, vases with flowers and

individual menus and condiments were available for residents' use. Residents were facilitated to avail of hand hygiene gel with the assistance of staff before entering the dining room.

The environment was clean and tidy. The inspector observed good practices in relation to standard precautions to reduce the spread of infection. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

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. Areas identified as requiring improvement are discussed in the report under the relevant regulations

Capacity and capability

Overall, this inspection found that this was a well-managed centre, and that the quality and safety of the service provided to residents was good. Residents, relatives and staff spoken with reported that the management team were approachable and responsive to requests.

This was a one day unannounced risk inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025. The inspector also followed up on the compliance plan from the previous inspection and found that most items had been completed. The registered provider of this designated centre is Ashley Lodge Nursing Home Limited. It is part of the Emeis Ireland group who own and run a number of designated centres in Ireland. There was a clearly defined management structure in place in the centre. The person in charge was supported in their role by a regional director, an assistant director of nursing (ADON) and a wider team comprised of clinical nurse managers (CNM), nurses, health care assistants, catering, housekeeping, activity and maintenance staff. All staff were aware of the lines of authority and accountability within the organisational structure.

On the day of the inspection there were enough staff to meet the assessed needs of the residents. A sample of staff files were reviewed and staff had been An Garda Siochana (police) vetted prior to commencing employment.

There was a record kept of accidents and incidents that took place in the centre. Three day notifications were appropriately submitted to the Chief Inspector.

Since the previous inspection the registered provider had introduced updated record-keeping practices for example, the implementation of a referrals tracker. Food and fluid charts were also being recorded appropriately, where necessary. The governance and management arrangements in place mostly ensured that the service was safe, appropriate, consistent and effectively monitored however there were some areas where improved oversight was required as further discussed under Regulation 23: Governance and Management.

The provider had a range of quality assurance processes in place, including audits and resident/family questionnaires. These processes were used to identify where improvements were required. Action plans were created and communicated to the relevant staff team. Overall, the audit processes were effective, however, the management systems to monitor care planning and assessments were not robust in all areas.

Documents were available for review including, written policies and procedures, directory of residents, complaint procedures, annual review and residents guide and were compliant with the legislative requirements.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' needs. Staffing requirements had been reviewed to ensure the number and skill-mix of staff were aligned with residents' changing needs. All new staff were supported to complete an induction process. Staff who spoke with the inspector were knowledgeable regarding residents' needs and usual routines.

Judgment: Compliant

Regulation 21: Records

Schedule 3 records were maintained in the centre in line with the provider's compliance plan from the previous inspection.

Judgment: Compliant

Regulation 23: Governance and management

Although, the provider had systems in place to monitor the quality and safety of the service, improved oversight by the provider was necessary in some areas, as evidenced by the following findings;

- Despite frequent auditing of care plans taking place there were findings on the day of the inspection that were not identified by the providers' own recently enhanced systems that were introduced since the inspection of July 2025.
- The investigation process into alleged safeguarding incidents were appropriately notified and investigated however, the investigation process could be further strengthened to ensure investigations were comprehensive and effectively documented.
- A register of residents with multi-drug resistant organism (MDRO) was kept in the centre however, it did not effectively identify residents whose infection had been colonised.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Ashley Lodge Nursing Home were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. Residents and their families spoken with on the day of inspection told the inspector that they were happy with the service being provided. Residents and staff appeared to know each other well and interactions

observed on the day were kind and respectful towards residents.The inspector found that the provider had addressed areas for improvement identified on the last inspection in July 2025, however, further actions were required to meet the requirements of Regulation 5: Individual assessment and care planning. This is discussed further in the report.

Staff had access to relevant training on responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A policy on caring for residents with these behaviours was also available to staff. A small amount of residents in the centre displayed these behaviours. Care plans on responsive behaviours detailed triggers and de-escalation measures to relax and reassure residents. From a sample reviewed, the inspector found that behavioural charts were in use and documented the interventions trialled with the residents. On the day of the inspection, the inspector observed staff providing person-centred care and support to residents who experienced responsive behaviours.

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Of the sample reviewed, each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs and assessments were completed within 48 hours of admission. However, some gaps in the updating and review of care records were noted which meant that key information was not available to support a comprehensive overview of residents' current care as further detailed under Regulation 5.

Residents were observed to be able to have their meals in the main dining room or in their own room. The dining room contained menus that were available on the tables along with condiments such as salt, pepper, and sauces. The dining room was observed to be calm and well-managed by the staff team so that residents could enjoy their meal. Discussion with staff confirmed that residents' meal preferences were identified on an every day basis.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened and issues raised by residents as areas needing improvement were addressed. A notice board was available to residents, staff and visitors which included relevant information on advocacy service, Ombudsman and complaints officer. Activities were available and for the most part had improved in variety, on the day of the inspection there was one activity on offer for two hours.

Regulation 18: Food and nutrition

Residents had access to drinks and snacks. There was a choice of nutritious meals available, and sufficient staff to assist at meal times.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' care plans found gaps and that some improvements were required to fully meet the requirements of the regulations. For example:

- One resident's care plan contained conflicting information in relation to monitoring their weight and stated that the resident was required to be weighed every 10 days, while also directing staff to weigh the resident on a monthly basis. It was unclear which was the current plan of care for the resident.
- For a resident assessed as a safeguarding risk, a specific care plan was not in place.
- A resident who was receiving a nutritional supplement as part of a prescribed intervention to manage their malnutrition risk, did not have this documented in their care plan.
- One resident did not have a 'key to me' assessment completed and a generic care plan was in place which did not reflect their likes, dislikes and interests.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. Restrictive practices were in place where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. All staff had completed safeguarding training.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ashley Lodge Nursing Home OSV-0000009

Inspection ID: MON-0048916

Date of inspection: 21/11/2025

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Refresher training for staff to ensure gaps in practice are consistently identified will be completed by 31st of January 2026.

A secondary review by the management team to verify completeness will be completed by the 13th of February 2026.

From 1st January 2026, the Person in Charge will ensure all incidents which may be considered safeguarding in nature are thoroughly investigated and fully documented as per policy, with additional oversight by a senior manager on completed investigations to prevent omissions. Same will be reviewed monthly at Clinical Governance meeting with PIC and RD.

The MDRO register will be revised to clearly distinguish between colonised residents and those with active infections by the 13th of February 2026.

Staff will receive training on accurate documentation, to be completed by 13th of February 2026. Weekly reviews by the CNM to maintain accuracy, and all actions will be monitored monthly by PIC/ADON to ensure sustainable improvements.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
By the 13th of February 2026, a review of all care plans will be conducted to remove inconsistencies and ensure clarity. Specific care plans will be developed for residents with safeguarding or complex needs. All prescribed treatments and supplements will be accurately recorded and regularly updated. 'Key to me' assessments will be completed, and care plans will be updated to reflect residents' preferences, likes, and interests. Audits of care plans as per agreed audit schedule will be conducted and actioned accordingly. Ongoing
Refresher training for staff to ensure gaps in practice in respect of care planning are consistently identified will be completed by 31st of January 2026.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	13/02/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	13/02/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after	Substantially Compliant	Yellow	13/02/2026

	that resident's admission to the designated centre concerned.			
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	13/02/2026