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

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| Name of designated centre: | Thomond Lodge Nursing Home |
| Name of provider: | Thomond Care Services Limited |
| Address of centre: | Thomond Hall, Ballymahon, Longford |
| Type of inspection: | Unannounced |
| Date of inspection: | 26 March 2026 |
| Centre ID: | OSV-0000109 |
| Fieldwork ID: | MON-0046742 |

## About the designated centre

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

The designated centre provides 24-hour nursing care to 48 residents, male and female, who require long-term and short-term care (assessment, rehabilitation, convalescence and respite). The centre is purpose-built, providing single en-suite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and wellbeing.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 48 |

## 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 26 March 2026 | 09:00hrs to 15:30hrs | Catherine Connolly-Gargan | Lead |

## What residents told us and what inspectors observed

Overall, this inspection found that residents were satisfied with living in the designated centre, and said they always felt safe, secure and comfortable in their living environment. Residents told the inspector they were well cared for and that staff were always available when they needed assistance and support. The inspector observed that the provider and management ensured that all aspects of this service was organised around residents' individual preferences and choices.

On arrival, the inspector was met by the person in charge. Following introductions, the inspector completed a walk around the centre and observed that many of residents were already up and eating breakfast, while others were preparing to get up either by themselves or with the assistance of staff. A small number of the residents who liked to sleep on later into the morning were supported to do so, and staff were observed making efforts to minimise noise levels, so as not to wake them. Residents told the inspector that the staff encouraged and supported them to make their own decisions regarding the time they got up in the mornings, the time they went to bed, and what they wished to do during each day. One resident was spending some days at home with their family, as they wished at the time of this inspection. Another resident was supported to continue their usual routine of doing their own shopping in the town, while others attended day services on a number of days each week.

Thomond Lodge Nursing Home is located a short distance off the main shopping street in the town of Ballymahon, Co Longford. The centre is single-storey, purpose-built and located in a residential area. Residents' bedroom accommodation is provided in 48 single-occupancy bedrooms, each with full en-suite facilities. Although each resident had full en-suite toilet, shower, and hand basin facilities available to them, the designated centre did not have a communal wheelchair accessible bath.

There were a number of communal rooms available for residents' use, including a sitting room, a dining room, and a library. Additional seating was available in the reception area close to the nurses' station and in a central lobby area where the corridors to the residents' bedrooms converged. Staff knew residents well, and there was a lively atmosphere in the centre with staff and residents chatting and laughing together throughout the day. All staff interactions with residents were observed to be respectful, kind, and person centred. Residents' comments regarding the staff caring for them and the service provided to them included 'I am very happy here', ' This is a lovely place to live in', I enjoy every day here' and 'the staff are the best'.

The inspector observed that many of the residents chose to spend time during the day in the communal sitting rooms or relaxing on the seating in the middle lobby area of the centre. Residents' preferences regarding how they wished to spend their time were documented in their care plans. There was a variety of group activities

taking place in the main sitting room, one-to-one activities for residents who liked to spend time in their bedrooms, and some for residents in the central lobby area. Other residents who chose to sit in this central area were watching sport on the large-screen television and chatting together. Staff ensured they were available at all times in the communal area to respond to residents' needs without delay. Staff respected residents' choices regarding where they wished to spend their time and were observed ensuring they were comfortable, and they had coffee tables by their chairs so their refreshments were within their easy reach. While the group activities were taking place in the sitting room, one resident was busy with knitting squares for a blanket, while another resident was knitting the border. The centre's cat, named 'Sixpence' by the residents, spent time sitting on her own chair in the middle of the sitting room, so all the residents could see her, or at times played among the residents' chairs. It was evident that the residents loved their cat, and she brought a lot of joy to them.

The layout of the corridors and residents' accommodation supported their safe access around the centre as they wished, and there were no restrictions on residents' access as they wished in their lived environment. The inspector observed that the environment, including residents' bedrooms and the communal areas, was visibly clean, bright, homely, warm and comfortable. All areas of the centre were well maintained.

The inspector observed that residents' bedrooms were bright and had sufficient circulation space to meet their needs, including a comfortable chair, and adequate storage space for their possessions. A full-length mirror was fitted on the front of each resident's wardrobe for their convenience. The decor in each resident's bedroom was varied, and many of the residents had personalised their bedrooms with photographs of their family members, ornaments, and other personal items.

The inspector observed that the doors from a number of access points to the garden were unlocked so that residents could access the enclosed garden, as they wished. This enclosed garden wrapped around the centre premises, and the flower beds were being readied for planting with shrubs and flowers. Outdoor seating and winding safe pathways were provided to optimise residents' safety and enjoyment of this outdoor area.

Residents told the inspector that they always felt safe in the centre, and that they would speak to any staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

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 unannounced inspection found that this designated centre was well-managed, to the benefit of residents. Residents were kept central to the service provided, and the management and staff were committed to providing a good quality and safe service to meet each resident's needs.

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The inspector followed up on the providers' progress with completing the actions they had committed to in their compliance plan from the last inspection in August 2025, and found that although the improvement actions committed to were completed, further non-compliances were found on this inspection under some of the same regulations, and are detailed under the relevant regulations in this report. The inspector also followed up on the statutory notifications and other information received since the last inspection.

The provider submitted an application to renew the designated centre's registration, and this application was assessed by the inspector as part of this inspection.

Thomond Care Services Limited is the registered provider of Thomond Lodge Nursing Home, and the company's chairperson represents the provider entity. The management structure was clearly defined, with identification of all lines of authority and accountability, specified roles, and detailed responsibilities for all areas of care provision. The local management team consisted of a person in charge and a clinical nurse manager (CNM). The person in charge was also supported by a team of nursing staff, health care assistants, housekeeping and catering, activity and maintenance personnel. A general manager supported the provider and local management team with the centre's administration.

The provider ensured that there was an adequate number of staff on duty to meet the residents' needs, and to support them to spend their day as they wished. Staff worked well together for the benefit of residents, and again on this inspection demonstrated accountability for their work. Staff knew residents well and were responsive to their needs for assistance and support without delay.

The person in charge had a comprehensive system in place to manage training attendance by staff in line with the provider's policies and procedures. Staff training needs were assessed, and all staff were facilitated to attend mandatory and a variety of professional development training to ensure they had up-to-date skills and competencies to meet residents' needs.

All residents had an agreed contract of care and service setting out the terms and conditions of their residency in the centre, including the weekly fees. The provider had commenced reissuing the contracts to residents and/or their representative, as appropriate, with the additional services for which charges were applied, revised to ensure additional charges were in line with residents' free of charge entitlements.

The provider had arrangements for recording accidents and incidents involving residents in the centre and for appropriately notifying the office of the Chief Inspector of Social services as required by the regulations. The inspector found that all notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector's office, within the timelines required by the regulations.

## Regulation 15: Staffing

The numbers and skill-mix of staff needed to meet residents' individual and collective needs were regularly reviewed, and ensured that sufficient numbers of staff with appropriate skills were available at all times to meet each resident's needs. Since the last inspection in August 2025, the provider had increased the number of staff available each day to ensure there was sufficient staff available to respond to residents' needs in the communal rooms at all times. This action resulted in positive outcomes for residents' safety and the promotion of their rights.

Judgment: Compliant

## Regulation 16: Training and staff development

While all residents were provided with a variety of opportunities to participate in social activities that they preferred, some improvement actions in the staff supervision were necessary to ensure staff completed residents' social activity care plans, and the records of the social activities residents participated in to the required standards, and in line with each resident's individual preferences and capacities.

Judgment: Substantially 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 regarding the following finding;

- Auditing of residents' assessments and care plans failed to identify that residents' social activity care plan documentation was not completed to the required standards. This posed a risk that relevant information regarding each resident's social care preferences and needs would not be available to staff, and these preferences and needs would not be effectively met.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

While all residents had a signed and dated contract setting out the terms and conditions of their care and service, additional weekly charges for some residents were for services that residents with medical cards were entitled to free of charge. At the time of this inspection, the provider had revised and reissued all contracts. The inspector observed that residents admitted in the weeks prior to the inspection had received and agreed to the revised contracts of care and service.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time frames specified by the regulations, including notifiable alleged peer-to-peer safeguarding incidents. Following the last inspection in August 2025, the provider and person in charge completed a full review of all incidents and retrospectively submitted all required notifications. Systems were put in place to ensure all incidents and accidents involving residents were submitted as required.

Judgment: Compliant

## **Quality and safety**

Overall, this inspection found that residents' rights were respected and they were provided with high standards of nursing care and timely access to health care to meet their needs. Residents were well supported to enjoy a good quality of life in the centre.

Residents' nursing care and support needs were comprehensively assessed, and person-centred care plans were developed to guide staff with providing high standards of person-centred nursing care in line with residents' individual preferences. However, actions were necessary to ensure that a number of the residents' social activity care plan documentation was sufficiently detailed to guide staff on their individual preferences regarding the social activities they wished to participate in to meet their interests and capacity needs. Additionally, completion of

the records of the social activities each resident participated in needed improvement, to assure the management that residents regarding residents' social care delivery. Residents' care plans were regularly reviewed in consultation with them and/or their representatives.

Residents were provided with a varied social activity programme that ensured they had opportunities to participate in social activities that were meaningful, and supported them to participate in activities in accordance with their preferences and capacities. Residents who remained in their bedrooms had equal access to social activities that interested them.

Measures were in place to safeguard residents from abuse, and residents confirmed that they felt safe and secure in the centre. Staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable regarding the reporting arrangements in the centre and their responsibility to report any concerns they may have regarding residents' safety.

A positive and supportive approach was taken by staff with caring for residents who intermittently experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

The layout of the premises met residents' needs. Each resident had a single-occupancy bedroom that met their needs and had full en-suite facilities. A variety of communal rooms and convenient communal facilities were available, including a safe and therapeutic outdoor garden. All areas of the premises, including residents' accommodation were well-maintained and easily accessible for residents, as they wished.

Residents were supported to practice their religion, and clergy from the different faiths were available as residents wished. Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services as they wished.

## Regulation 17: Premises

The provider ensured that the premises were appropriate to the number and needs of the residents and were in accordance with Schedule 6 of the regulations, and in line with the centre's statement of purpose.

The layout of the centre and the outdoor areas promoted residents' rights, safety, positive risk-taking and quality of life.

Judgment: Compliant

## Regulation 26: Risk management

The provider ensured that a centre-specific risk management policy was available to staff. The information in this policy was updated since the last inspection with the arrangements for identifying, recording, investigating, and learning from safeguarding and other incidents, to guide staff with promoting residents' safety and safeguarding them from the risk of harm.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Although each resident's needs were comprehensively assessed, care plans were developed and were regularly reviewed, the information in a number of the residents' social care plans did not contain sufficient detail to guide staff on these residents' preferred social activities, in line with their individual interests and capacities.

The records of the social activities each resident participated in were limited, and did not provide adequate assurances that residents were provided with opportunities to participate in the social activities they preferred.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were supported with timely access to their general practitioner (GP) and psychiatry of older age services. Residents were appropriately referred and had timely access to other health and social care professionals including physiotherapy, speech and language and occupational therapy, dietitian and chiropody services as needed. The treatment recommendations made by healthcare professionals were incorporated into residents' care plans, and where needed, the recommended equipment was provided for the residents.

Residents were supported to attend out-patient appointments as scheduled.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

All staff had received training since the last inspection, to ensure they had the appropriate knowledge and skills to effectively support and protect residents who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Residents' care plans relating to a small number of residents who experienced intermittent responsive behaviours were reflective of their support and care needs, the triggers to their responsive behaviours and detailed the most effective person-centred de-escalation strategies that staff should utilise to support these residents.

The centre was actively promoting a restraint-free environment. The restraint register was well-maintained in the centre. Any restrictions were implemented following trials of the least restrictive alternatives informed by appropriate assessments and were subject to regular review.

Judgment: Compliant

## Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. The provider ensured that all staff were facilitated to attend refresher training on safeguarding residents from abuse since the last inspection. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents told the inspectors that they felt safe in the centre.

All safeguarding incidents were recognised and appropriately investigated, reported and managed since the last inspection. Appropriate measures and actions were put in place as necessary to safeguard any residents involved in peer-to-peer incidents, including the development of effective safeguarding plans to ensure risks to any individual resident's safety were identified, managed and effectively mitigated.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were respected, and they were encouraged to make individual choices regarding their day-to-day lives in the centre. Residents' privacy and dignity were respected in their lived environment, and by staff caring for them in the centre. Staff ensured that residents had the necessary information to support them to make informed personal choices, decisions, and their positive risk taking.

Resident's social activity needs were assessed, and a variety of meaningful individual and group activities were available to meet each resident's interests and capacities. Residents were supported by staff to go on outings and to integrate with their local community, as they wished.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents. Residents had access to televisions, telephones and newspapers and were informed about and supported to avail of advocacy services, in consultation with them and as they wished.

Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were sought, with the support of their representatives, as appropriate. This feedback was valued and utilised by the service to enhance residents' experiences and improve their lived environment.

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 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

## Inspection ID: MON-0046742

## Date of inspection: 26/03/2026

**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 16: Training and staff development | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
We were recording activities on the EpicCare system, this did not give a transparent overview of what activities and the level of engagement each resident enjoyed.
We have now developed a more robust method of recording daily activities on a paper-based system, which gives a clear insight to the activities attended daily by each resident and their level of participation in each activity. This gives a clear indication of which activities each resident prefers.

Management will ensure that all paperwork is completed to a high standard by comprehensive examination and auditing and supervision of staff completing these records of social activity care plans and the records maintained with regard to residents' participation in social activities. To ensure that residents are partaking in activities in line with their individual preferences and capacities. This information will be used to guide the development of our daily schedule of activities to ensure maximum engagement and enjoyment for all of our residents and adequate guidance for those delivering the social activities programme.

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| Regulation 23: Governance and management | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Residents' meaning and social activity care plans have been developed to reflect their preferences around their daily activities. The care plan is now more person-centered taking into account what the person enjoyed before admission to the nursing home and new activities they have become involved in since admission.

More robust auditing of residents' assessments and care plans and observation of daily activities by the management team will be used to monitor and guide staff in the development of more effective care plans and an effective and enjoyable activities programme.

An audit to ensure that the activities attendance record is being maintained correctly and that residents' preferences in relation to activities are being met will be carried out.

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| 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:
All residents' social care plans have been reviewed and updated to include more detail to guide staff and give clear person-centered information on residents' social preferences, interests and hobbies and their preferred level of engagement.

It will include the activities the residents enjoys participating in, and how often they like to attend each activity. The care plan will reflect their preferences and ability to take part in the activity in line with their interests and their hobbies and social engagement prior to admission and since admission to the home.

Staff have engaged in consultation with residents and, where appropriate, their families, to ensure that the care plan developed reflects their interests and capabilities, to ensure clear guidance for all staff delivering the activities programme.

A more comprehensive record of social activities is now being recorded daily on a paper-based system, which records the activities the resident took part in and their level of engagement in the particular activity to ensure their individual preferences are being met.

## 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 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 30/03/2026 |
| 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 | 01/05/2026 |
| 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 that resident's | Substantially Compliant | Yellow | 17/04/2026 |

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| | admission to the designated centre concerned. | | | |