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:	St Brigid's Hospital
Name of provider:	Health Service Executive
Address of centre:	Shaen, Portlaoise, Laois
Type of inspection:	Unannounced
Date of inspection:	02 June 2026
Centre ID:	OSV-0000531
Fieldwork ID:	MON-0050091

About the designated centre

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

St. Brigid's Hospital is a two-storey premises and provides residential care for 23 male and female residents over 18 years of age with continuing care, dementia, palliative care and respite needs. Residents' accommodation is over two floors and accessed by a mechanical lift and stairs. Both floors are of similar design. Each unit has two day rooms, one of which is a designated dining area. There is also a second dining room on the ground floor. An oratory, hairdressing salon, sensory room and activity room are also provided for residents' use. In total, there are seven single bedrooms and eight twin bedrooms. Shared toilets and washing facilities are conveniently located off the circulating corridors on both floors. Residents have access to an enclosed garden accessible from the ground floor. Adequate parking is available at the front and side of the premises. Nursing care is provided on a 24-hour basis, and the provider employs nursing staff, care staff, catering, household and administration staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

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
Tuesday 2 June 2026	08:00hrs to 15:40hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents living in St Brigid's Hospital told the inspector that it was a friendly and homely place to live. This was an unannounced inspection carried out by an inspector of social services.

On arrival, the inspector conducted a walk around of the centre, after which they had a meeting with the person in charge. The inspector reviewed documents relating to the inspection and spoke with a number of residents, visitors and staff to gain an understanding of the standard of care received by residents.

The centre was set in an older building over three floors with access between floors via stairs and a lift. Residents' accommodation was on the ground and first floors, and was a mix of single and twin bedrooms. Both floors had their own living and dining areas, as well as sluice and storage rooms, toilets and shower rooms, and there was a clinical room and nurses' station on each floor. Both nurses' stations were seen to be open and unattended on the morning of the inspection, with residents' information easily accessible. This was brought to the attention of staff on the floor, and the doors were seen to be locked for the remainder of the day. A fire door was also seen propped open with a bin. Staff acknowledged that this did not support good fire safety and explained that it was to assist with bringing the medication trolley into the room, and the bin was removed immediately.

The centre as a whole was clean and tidy, but the inspector saw furniture in bedrooms and communal areas that were worn and damaged. The living areas on both floors, while spacious, lacked comfortable seating and a homely atmosphere. Medical equipment and wheelchairs were stored here, and the furniture was not in a good state of repair. There was access to an attractively laid out, secure outdoor area with seating available.

Residents had access to a number of shower rooms, and a bathroom was located on the ground floor. This room had recently been refurbished and included two toilet cubicles. There was no call-bell facility in either cubicle, or in the bathing area, which posed a risk that residents using the room would not be heard if requiring assistance, as the area was located a distance away from where staff were usually located. This was brought to the attention of the person in charge who committed to installing call-bells as a matter of urgency.

The inspector saw breakfast and lunch being served and observed that only one resident used the dining room at breakfast time. This was discussed with the person in charge and the clinical nurse manager, who said that residents were given the choice to dine in their rooms or in the dining room, and most preferred to have breakfast in their rooms. The dining rooms were well-used at lunch time, and the atmosphere was calm and relaxed. Residents said that there was a good choice of food, and the food was tasty. One resident said 'I always enjoy my food'. Residents

who required assistance received it in a respectful manner, and modified diets were seen to be nicely presented. There was ample staff to assist, and residents were also provided with snacks and drinks between meal times. In the afternoon, a request for specific biscuits by one resident was seen to have been accommodated, and staff appeared familiar with residents' likes and dislikes. The dining rooms were all bright and clean. The inspector saw prescribed drinks thickener openly stored on counters in each room, and on the drinks trolleys.

Visitors spoken with on the day told the inspector that they were very happy with the standard of care their loved one received. One visitor said they 'couldn't fault anything'. The inspector was told that staff were very proactive in dealing with changes in a resident's condition, and communicated and consulted with families in a kind and respectful manner. All the visitors spoken with said that they were made to feel welcome at any time, and commented that their loved ones always appeared 'relaxed' and 'content'. A visitors' room was available on the first floor, and residents were also seen receiving visitors in the front hall.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

St Brigid's Hospital is operated by the Health Service Executive (HSE). There was a stable management structure in place on the day of the inspection, and the inspector saw some good management systems. However, further review was required with regard to action plans, the oversight of staff practices and the premises, and the implementation of the compliance plan from the previous inspection.

This inspection was carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector since the last inspection in May 2025.

There was a person in charge who worked full-time in the centre and they were supported by the Compliance and Risk Manager and the General Manager for the HSE region, who attended regular meetings with the person in charge. The General Manager attended the feedback meeting. The person in charge was supported in their role by three clinical nurse managers. Staff nurses, healthcare assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre.

A Directory of Residents was maintained and made accessible to the inspector. While most sections were completed for each resident, some residents were missing details such as General Practitioner (GP) details, or details on the source of the resident's admission. This will be discussed under Regulation 19: Directory of residents.

There was a system of audits that indicated a good level of compliance in many areas such as care plans, restrictive practice, falls and the dining room experience, and reflected what was seen by the inspector on the day. The person in charge had increased the frequency of the care plan audits to drive quality improvement and this was seen to have been implemented with good effect. Staff had also received training and coaching in care planning. There was an annual review completed for 2025, but areas identified for improvement did not have time-bound action plans to address them. Similarly, while a schedule of meetings was seen that showed a good system of communication in the centre, the absence of action plans did not assure that issues identified were managed appropriately. For example, training in the provision of activities had been identified as a quality improvement initiative in the annual review, and this was seen to be discussed in management meetings. However, a responsible person to deal with this had not been identified, and the timeline for completion was documented as 'ongoing'. As of the day of inspection, no staff had received training in activities in 2026. This was a repeat finding from inspection in May 2025.

In the compliance plan from the previous inspection in May 2025, there was a commitment to develop a core group of staff to implement a robust activities programme. This was to have been completed by August 2025, and while it was discussed at a staff meeting in March 2026, no group had been formed as of the day of the inspection. The inspector reviewed the professional registrations for all nursing staff and found that all staff who worked in the centre as nurses held valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Regulation 19: Directory of residents

The Directory of Residents did not contain all the information specified in Schedule 3 of the regulations. This was evidenced by:

- Two residents did not have marital status documented.
- One resident did not have a phone number for the next of kin documented.
- Four residents did not have GP details documented.
- Eight residents did not have the source of their admission documented.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a valid insurance contract in place.

Judgment: Compliant

Regulation 23: Governance and management

While the management systems ensured that residents were safe, the systems in place had not always ensured that the service provided was effectively monitored. For example:

- Areas identified for improvement during the annual review or during management and staff meetings did not have time-bound action plans in place to ensure that they were addressed in a timely manner to provide a high quality service to residents. This is a repeat finding.
- The oversight arrangements had not identified unsafe practices seen on the day such as:
    - Fire door propped open.
    - Food thickener stored openly in the dining rooms and on the drinks trolleys.
    - Nurses' stations left unlocked with residents' records inside easily accessible.
- The oversight of the premises had not ensured that the premises conformed to Schedule 6 as discussed under Regulation 17: Premises.
- The compliance plan from the previous inspection had not been implemented in full as evidenced by:
    - An activities core group of staff had not been implemented.
    - Not all staff had up-to-date training in responsive behaviour.

Judgment: Substantially compliant

Quality and safety

The inspector observed that residents living in St Brigid's Hospital were supported by a team of staff who were kind and caring. Residents spoken with said that they were happy with the care they received, and they described the staff as 'just lovely' and 'very patient'. Those residents who could not articulate for themselves appeared comfortable and content. The centre had a relaxed and friendly atmosphere; however, areas of the premises required review to ensure they met the requirements as set out in Schedule 6 of the regulations.

The inspector reviewed the restraint register and saw that this was updated and reviewed regularly, with restrictive measures discontinued when no longer required. Where restraint was in use, the resident had been assessed using a validated assessment tool, and there was a corresponding care plan in place with evidence that the resident or their family were consulted and advised. There was a restrictive practice policy available to staff and staff displayed a good understanding of assessing, implementing and reviewing restrictive practice measures. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans that were personalised with the behaviour, potential triggers, and suggested de-escalation techniques. Staff spoken with had a good understanding of how to manage responsive behaviours, and were knowledgeable of different residents' needs. While most staff had received current training in responsive behaviour, training for six staff members was out of date by six months or more. In the compliance plan from inspection in May 2025, the registered provider had committed to providing training in managing behaviour in September, October and November of 2025 to ensure full compliance.

There was a policy on safeguarding vulnerable adults in place, and a high compliance in training. Staff spoken with were knowledgeable about recognising the signs of abuse and escalation pathways in the centre. The person in charge had investigated allegations of abuse, and safeguarding plans were put in place where necessary. Residents had safeguarding care plans in their records that detailed the reasons for the plan and the measures in place. The registered provider was a pension agent for eight residents, and there was evidence that each resident had a separate account through which they could access their money.

The inspector saw a schedule of regular residents' meetings, and a residents' survey had been conducted in August 2025. The results of the survey was seen to be communicated to staff at a staff meeting. A concern that residents did not know about the complaints process had been identified during the survey, and this was addressed at residents' meetings, where the complaints process was explained. Residents were seen to be kept informed of changes in the centre, and an anonymous suggestion box was also available to provide additional support for residents to contribute to the running of the centre. Residents spoken with said that they enjoyed bingo and watching sport on TV. One resident said that having a priest visit to say Mass was very important to them. There was a varied schedule of activities available, and residents' suggestions for activities was sought during residents' meetings. Residents were seen to be well supervised and engaged in activities on both floors in the afternoon. One resident regularly accessed the community independently and this was facilitated and encouraged by staff.

The sitting room on the first floor was seen to also partly serve as a storage area for wheelchairs. A wall unit divided the room so that although the room was large, the living section was cramped. There were three tables that had chipped and scuffed paintwork in a small area in front of the TV, and did not allow space for comfortable seating. The two chairs that were in this area were worn, and the seat of one was torn. The sitting room on the ground floor was sparsely furnished, and medical

equipment was stored here. Overall, the living rooms were not suitably decorated or furnished to facilitate relaxation, and a homely environment.

Regulation 7: Managing behaviour that is challenging

Restraint was used in accordance with national policy. Staff displayed good knowledge and skills to respond to and manage behaviour that challenges, however, not all staff had received up-to-date training in managing behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had adequate facilities and opportunities to engage in activities, communicate freely and exercise their rights. Residents were consulted about and participated in the organisation of the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the premises conformed to the matters set out Schedule 6 as evidenced by:

- The bathroom and two toilet cubicles on the ground floor were without call-bell facilities.
- Furniture was seen that had scuffed and chipped woodwork, or torn seating, that did not facilitate effective cleaning.
- The layout of, and storage in, communal sitting rooms was not conducive to a comfortable, homely environment. For example:

○ The placement of a room divider and three tables in the first floor living room made it difficult for more than two residents to use the area at the same time. ○ Wheelchairs and medical equipment were stored in the living areas. ○ The living rooms were not suitably decorated with comfortable seating or soft furnishings to make the areas pleasant places for residents to spend time in.
Judgment: Substantially 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 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for St Brigid's Hospital OSV-0000531

Inspection ID: MON-0050091

Date of inspection: 02/06/2026

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
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Directory of Residents has been updated to include marital status, phone number for next of kin, GP details and source of admission for all residents and the Directory contains all information required by Schedule 3.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Management meetings will be more structured and actions will be time bound with action owner assigned. The corrective actions in the Annual Review will be monitored by the PIC. The Annual Review Report will be discussed with the residents before printing and actions will be time bound with action owner assigned. Doors are being installed in both sitting rooms storage areas to store drinks, glasses and other products to support residents' dietary requirements. The areas in both offices where resident's files are located will have a privacy blind/cover fitted to ensure resident's information will not be visible or easily accessible. Activities Core group is being established. Resident will be asked if they would like a family to be asked to be part of the committee. Further training will be arranged in Dementia Care and Behavior Support to ensure all staff are trained and up to date regarding best practice. Fire safety precautions have been discussed with staff and the PIC will during walkarounds of the Centre ensure fire safety precautions are being implemented	

correctly.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Behavioral Support Training is booked for October and November to complete the in-house training for all staff.
Training in relation to Dementia is arranged for September 2026 for both staff nurses and support staff who did not attend the initial training in 2025 and further training will be arranged until all staff have received training.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Pull chords will be installed in the two toilets and shower area First Floor.
Call bells will be installed in the Hairdressing Room and Sensory/Visitors Room.
Residents will be consulted in relation to new furniture and same will be purchased for the living rooms.

The layout of the first floor living room will be reviewed to ensure it is homely, spacious and meets the needs of all residents.
Equipment and wheelchairs will be removed from the living area and a separate designated area allocated for storage.
Seating which is worn or torn will be replaced to meet IPC standards and to ensure a well decorated and homely environment.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	18/12/2026
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	12/06/2026
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	28/08/2026

Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	18/12/2026