



**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:	Sliabh Bladhma Lodge
Name of provider:	Health Service Executive
Address of centre:	Irishtown, Mountmellick, Laois
Type of inspection:	Unannounced
Date of inspection:	14 July 2026
Centre ID:	OSV-0000533
Fieldwork ID:	MON-0051053

About the designated centre

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

St Vincent's Community Nursing Unit is a 57-bed facility located within walking distance of Mountmellick town centre. Residents' accommodation is arranged in five wards. The centre provides care for male and female residents over 18 years of age with continuing care, dementia and palliative care needs. The provider employs nurses and care staff to provide care for residents on a 24-hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
--	----

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 14 July 2026	08:30hrs to 17:00hrs	Sarah Armstrong	Lead
Tuesday 14 July 2026	08:30hrs to 17:00hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

Overall, inspectors found that St. Vincent's Community Nursing Unit was a well-run centre, where residents were supported to enjoy a good quality of life. Staff who cared for the residents were found to be attentive, caring, and had a good knowledge of the residents and their individual needs and personalities.

This was a short-notice announced inspection, carried out by two inspectors of social services over the course of one day. The person in charge was given two weeks prior notice of the inspection. The reason for this was to ensure key personnel were available to discuss the significant building developments that had taken place on the site, which the provider was seeking to register as part of the designated centre.

Inspectors arrived at the centre at 8:30am and commenced a walk around of the premises accompanied by the person in charge. Some residents were observed to be up and dressed, taking their breakfast in communal spaces or while sitting at their bedside, whilst others were still in bed, in line with their preferences. There were sufficient numbers of staff available throughout the day of inspection to ensure that residents' needs were met, and all interactions between residents and staff were observed to be kind and positive. Many staff had worked in the centre for a number of years and knew and understood the residents well. Staff were observed engaging in meaningful conversations with residents about matters that were important to them, such as their specific interests, the locality and their families. Residents who spoke with the inspectors provided positive feedback about their experience of living in the centre, particularly about the staff who cared for them. One resident said "oh the staff are excellent, they're so, so good" whilst another told inspectors "they are great, really wonderful". Residents who had difficulty communicating appeared comfortable and relaxed. Residents also provided positive feedback about the food served in the centre. One resident commented "the food is very nice" and other resident said "the food is delicious here".

During the walk around, inspectors observed some areas of the premises to be in disrepair. This included damage to paintwork on walls and woodwork. The outdoor space on St Martha's unit was not well-maintained and did not provide an inviting environment for residents. Several wooden planters were visibly worn, with chipped paint and deteriorating wood, while the garden hut located in the middle of the garden had extensive chipped paint and inappropriate seating for residents. Work benches were also stored here with old plant pots. In addition, sections of the pathways were uneven and presented a potential trip hazard, this and the inappropriate storage limited the safe use of the garden by residents in this unit.

The registered provider had built an extension with 50 additional beds, which was adjoined to the designated centre. The registered provider planned to move the majority of residents to the new extension once the beds were registered with the

Chief Inspector of Social Services. Following this move, the registered provider committed to reviewing the renovation and upgrading of the existing building. However, the residents of St Martha's unit would not be moving to the new extension. Inspectors spoke with a number of residents about how they felt about relocating. Residents told inspectors that they had been consulted with about the changes, and that they were looking forward to visiting to see what it was like. One resident told the inspectors "I'm not worried about moving over to my new room, I'll just go with the flow". Another resident told inspectors that sometimes they look forward to moving and other times they are nervous, however, this resident said that once they see the extension they will probably be excited about it. One resident and their family member said that they were worried about the move because it seemed very big and that the resident is very sociable, and they hoped that the change from a multi-occupancy room to a single room would not mean they were lonely.

Following the walk around of the premises, an introductory meeting was held with the person in charge, where the purpose of the inspection was set out.

After breakfast, some residents were getting ready to go out for a weekly shopping trip to Portlaoise where they were planning to browse the shops and enjoy a cup of coffee afterwards. A group of 10-12 residents were going on the outing and were travelling by bus, accompanied by the activities coordinator. Other residents who did not wish to go on the outing could take part in other activities in the centre, including exercise and ball games. Residents had good access to meaningful activities. The activities schedule for the week was displayed in prominent locations within the centre and included story-telling, reminiscence, music, baking, painting and colouring. There was also a large chapel located within the designated centre and many residents attended afternoon Mass on the day of inspection. The inspection took place on a warm, sunny day and residents were also observed enjoying the outdoor spaces, which they had unrestricted access to. In the afternoon, residents were sitting in the gardens wearing sunhats and were seen chatting together and with staff. Residents also had access to large outdoor games which they could partake in if they so wished.

Inspectors also spoke with members of the staff team. All staff provided positive feedback about their experience working in the centre. One staff member said "it is amazing here". Staff referenced feeling supported by the management team and said they would have no issue in raising any concerns they might have. Staff were also complimentary of the training they received when working in the centre, and how this supported them to develop in their roles. Inspectors observed that the members of the staff team worked well together, and there was a good sense of camaraderie between staff. Staff were also seen to include residents in their conversations. This created a relaxed, warm and inclusive atmosphere for all in the centre.

The next two sections of this report set out the findings of this inspection in relation to the governance and management arrangements in place in the designated

centre, and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

Overall, the inspectors found that St. Vincent's Community Nursing Unit was a well-managed centre. Residents who lived in the centre were receiving good standards of person-centred, safe and consistent care. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards.

The inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). During the inspection, the inspectors followed up on notifications submitted to the Chief Inspector and the compliance plan submitted following the last inspection, carried out in March 2025. Inspectors found that the registered provider had completed all actions committed to in their compliance plan. This inspection was also to inform the recommendation following receipt of an application to vary the floor plans to include the new 50-bedded extension.

The registered provider of St. Vincent's Community Nursing Unit was the Health Service Executive (HSE). There was a well-defined management structure in place, with clear lines of accountability and responsibility. The person in charge was supported in their role by an assistant director of nursing (ADON) and general manager. A team of clinical nurse managers, nurses, health care assistants, activity coordinators, housekeeping, laundry, catering, administrative and maintenance staff made up the remainder of the staffing complement in the centre. The general manager and registered provider representative were present in the centre on the day of inspection.

Inspectors found that there were sufficient resources, in terms of both staff and supplies, available on the day of inspection. This ensured that residents' needs were met in a timely manner. There were consistent and robust governance and oversight systems in place in the centre, and staff meetings were held regularly. Where required, quality improvement plans were developed and implemented in practice to inform ongoing, good quality care provided to residents. For example; CARU (Supporting Care and Compassion at End of Life in Nursing Homes) end-of-life meetings took place to review the care provided at this stage of their life and ensure a human rights-based approach was taken. There were also plans set out this year, for staff to receive additional training on managing the deteriorating resident. Staff were supported to raise concerns about the quality and safety of care provided, and there was an effective process in place to accommodate staff to do so.

Inspectors observed that all information required under Schedules 2, 3 and 4 of the regulations was available in the centre. This included the documents to be held in

respect of staff and residents. Inspectors reviewed a sample of four staff files and found that they met the requirements of the regulations. All staff had valid Garda vetting in place prior to commencing their employment in the centre, and staff who were working as registered general nurses held a valid registration with the Nursing and Midwifery Board of Ireland (NMBI). However, inspectors observed that residents' records were not always stored in a manner that was safe. For example, folders with residents' personal information including safety checks and skin integrity information were observed to be stored on handrails on the corridor, outside the residents' bedrooms. The inspectors reviewed a sample of four contracts for the provision of services and found that three of these did not meet the requirements of the regulations as they did not include all the necessary, or up-to-date information in respect of the bedroom accommodation to be provided to residents. This finding is discussed further under Regulation 24: Contract for the provision of services.

The centre was using the national HSE 'Your Service, Your Say' complaints management system. The process for making complaints was displayed in prominent locations throughout the designated centre. Residents who spoke with the inspectors were aware of the process in place for making complaints, and knew who to speak to should they have any concerns about the service they received. Residents also told the inspectors that they felt safe and comfortable to raise any concerns they may have.

Regulation 21: Records

The registered provider had ensured that records set out in Schedules 2, 3 and 4 were kept in the designated centre and were made available to inspectors. However, inspectors found that these records were not always kept in a manner which was safe. For example, folders with resident information was observed to be kept in an unsecured manner outside resident bedrooms on St. Martha's unit.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that there were sufficient resources available to ensure the effective delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and accountability, and staff told the inspectors that they felt supported in their roles. The management systems in place were effective in ensuring that residents received a safe service. The registered provider was self-identifying areas for service improvement and had clear action plans in place to address audit findings.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of four resident contracts for the provision of services was provided to inspectors. These contracts did not fully meet the requirements of the regulations for the following reasons;

- One contract for a short-term stay did not set out the terms relating to the bedroom to be provided to the resident, or the number of occupants of the bedroom
- One contract had not been revised to reflect the change in number of occupants of the bedroom, which had been reduced from four occupants to two occupants.
- One residents' contract did not state the bedroom number

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective and accessible complaints procedure in place and this was displayed in prominent locations within the centre. Residents were aware of the centre's complaints procedure. The inspectors reviewed a sample of complaints and found that these were managed appropriately and in line with the centre's policy.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents living in St. Vincent's Community Nursing Unit were well cared for by a team of dedicated staff, who supported them to enjoy a good quality and meaningful life. In speaking with residents and staff, all feedback received by inspectors was positive. Residents referenced the kindness of staff who cared for them, whilst staff spoke of how much they enjoyed getting to know the residents in the centre, and how they felt supported and empowered in their duties by the management team. However, inspectors found there were areas for improvement in respect of the premises. At the time of this inspection, the registered provider was seeking to register a newly built 50-bedded extension to the existing designated centre, with the view to relocating residents from St. Paul's, St.

Anne's, St. Mary's and St. Theresa's units once the registration of the new extension was agreed with the Chief Inspector of Social Services. There was no planned relocation of the residents on St. Martha's dementia specific unit. Evidence of general wear and tear was seen throughout the building, including damaged paintwork on walls and woodwork. In addition, the garden areas had not been maintained to a good standard. For example, on St. Martha's unit, the footpaths were uneven with sloped areas which presented a trip hazard, particularly for residents who may have a shuffling gait or poor depth perception. Flower beds were also not maintained, with some not planted and there were weeds evident in the courtyards. Furthermore, much of the garden furniture was unsightly and unsuitable for use by residents, as the wooden structures were deteriorating and the paintwork was chipped and worn. In addition, not all areas used by residents were fitted with emergency call-bell facilities, this included the occupational kitchen which was used by residents to bake and enjoy refreshments. This finding is discussed further under Regulation 17: Premises.

Inspectors observed the mealtime experience for residents in all units within the centre. Mealtimes were found to be a relaxed and enjoyable experience for residents. There were sufficient staff available to assist residents during their meal, and where residents required support from staff to take their food, staff were assisting in a respectful and dignified manner whilst engaging in conversation with the residents. Many residents were observed to be using different types of equipment such as plate guards, adaptive utensils and a mechanical assistive feeding device. The provision of this equipment promoted the residents' independence. Residents were offered a choice of meals, which on the day of inspection included soup, followed by roast chicken or fish pie. For dessert, residents had an option of semolina pudding with fruit compote or fruit salad. Where residents wished for an alternative option which was not on the daily menu, this was accommodated by the catering team. For example, inspectors observed one resident eating a fried egg and mashed potato at the lunchtime meal. This resident told the inspectors "this is what I like". Some residents in the centre had special dietary needs, which included allergies and the requirement to receive modified texture diets. Where this was the case, timely referrals and reviews had been completed by appropriate health care professionals, and residents were seen to receive meals aligned to their assessed needs and care plans. Some residents in the centre were unable to take food and fluids by mouth. Where this was the case, efforts had been made to provide these residents with equal opportunities to taste and enjoy the flavours of different food and drinks in a safe manner, without the risk of choking. Inspectors observed staff assisting residents to enjoy this experience on the day of inspection, through the use of an aeration device which converted beverages into a foam format which safely dissolved in the resident's mouth. This practice demonstrated a person-centred and equal approach to care for residents in the centre.

Inspectors reviewed a sample of residents' care plans, including nutrition and hydration, communication, social and recreation, personal care and mobility and safety care plans. All care plans reviewed reflected the current needs of residents and were updated in line with the required time frames. Care plans were written in a person-centred manner which helped guide staff in providing good quality, safe care

to residents. Staff spoken with were knowledgeable of residents' needs and preferences.

Although there were only a small number of safeguarding incidents in the centre, staff had a good knowledge of safeguarding vulnerable adults and had received training in the detection and prevention of, and responses to abuse. Where an incident or allegation of abuse had been made, this was appropriately managed and investigated by the person in charge. All residents who spoke with inspectors said they felt safe living in the centre.

Regulation 17: Premises

The premises did not conform with all matters set out under Schedule 6 of the regulations. This was evidenced by the following findings;

- The groundwork in outdoor spaces, particularly St. Martha's unit was unsafe for residents as it contained uneven pathways and flower beds which had not been maintained. This presented a potential trip hazard for residents.
- Not all areas used by residents had been fitted with emergency call-bell facilities, for example, the occupational kitchen in St. Martha's unit.
- There was evidence that residents in St. Martha's unit were using the outdoor space to smoke. However, the area was not equipped with appropriate fire safety equipment.
- There was damage to paintwork, including walls and architraves. This meant these surfaces could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents had access to a safe supply of fresh drinking water at all times. Residents were offered a choice at mealtimes and the food provided was nutritious and was safely prepared and served. Residents' specific dietary needs were met and there was an adequate number of staff available to assist at mealtimes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had their needs comprehensively assessed on admission to the centre and care plans were developed within 48 hours of admission. All care plans reviewed had been updated within the four-month time frame required by the regulations, and more frequently in response to changes in residents' needs. There was evidence that residents and or their families were involved in the care planning process, as appropriate.

Judgment: Compliant

Regulation 8: Protection

The person in charge had ensured all staff received training in relation to the detection and prevention of, and responses to abuse. Where an incident or an allegation of abuse had occurred, the person in charge had carried out an investigation into the matter.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sliabh Bladhma Lodge OSV-0000533

Inspection ID: MON-0051053

Date of inspection: 14/07/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Folders with resident information are now securely stored in the nurses station in St Martha's ward. Visitors to the unit cannot access this information.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contracts of care have been amended accordingly to ensure they meet the requirements of the regulation. In line with the expected transfer to the new unit, all contracts of care (both short term and long term) will be updated to reflect the change in accommodation provided. The contract will clearly state the services provided, the weekly charges and any additional charges to ensure transparent, fair and safe care.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The garden in St Martha's has had maintenance works carried out- this includes the removal of raised beds. New Bark Mulch has been applied to the current flower beds. Flowers have been planted and hanging baskets have been added to the garden. Residents can enjoy a more pleasant and colourful area to sit in. Plans are in place to re-design this garden space for 2027. This will include a complete re-design to create a more Dementia friendly, sensory garden with improved paths and diverse plant colours.

Remedial work will be completed on uneven paths to ensure they are safe and to mitigate the risk of any trips or falls by residents.

A call bell will be installed in the Occupational Kitchen in St Martha's to ensure residents can call for assistance if needed.

As the garden space in St Martha's is used occasionally by residents for smoking, a fire extinguisher and a first aid box have been installed externally. Residents in the Dementia Unit are supervised while in the garden area. A smoking risk assessment is completed on all residents who choose to smoke and a care plan is agreed regarding this. Smoking Aprons are available if needed.

An upgrade of the ensuites in St Martha's is expected to commence in the coming weeks. Included in these works are the replacement of some ensuite doors. Following this, all bedroom area's will be repainted to include bedroom doors/architraves. In the interim, painting will commence in communal area's to address the damaged paintwork to walls and architraves.

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	31/12/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	15/07/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other	Substantially Compliant	Yellow	21/07/2026

	occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
--	--	--	--	--