



**Health
Information
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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:	Laurel Lodge Nursing Home
Name of provider:	Templemichael Nursing Home Limited
Address of centre:	Templemichael Glebe, Longford, Longford
Type of inspection:	Unannounced
Date of inspection:	22 July 2026
Centre ID:	OSV-0005394
Fieldwork ID:	MON-0046724

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 114 residents, male and female, who require long term and short term care (day care, convalescence, rehabilitation and respite). The centre is a two storey building containing three distinct lodges located on the outskirts of Longford town. Glencar Lodge is a 41 bed dementia specific unit. Lissadell Lodge is a 35 bed unit and Hazelwood lodge had 38 beds. The majority of bedrooms have full en-suite facilities. The centre is decorated and furnished to a high standard and a variety of sitting rooms and seated areas, dining rooms in each lodge, a spacious oratory/chapel, a meeting room and hair salon is available for residents use. Well-manicured secure and accessible garden courtyards are available along with a number of other surrounding outdoor planted areas. The centre's philosophy is one of optimization, aimed at facilitating residents to be the best that they can be, promoting independence and autonomy by placing residents at the centre of all decision making within a 'home from home' that is safe, caring and supportive.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	111
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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
Wednesday 22 July 2026	09:05hrs to 17:30hrs	Fiona Cawley	Lead
Wednesday 22 July 2026	09:05hrs to 17:30hrs	Nan Savage	Support

What residents told us and what inspectors observed

Inspectors found that residents benefited from a high standard of care and support delivered by a competent staff and management team that upheld residents' rights, promoted their safety and wellbeing, and supported a good quality of life. Residents spoke positively about living in the centre, highlighting the kindness and support of staff. Staff demonstrated a strong understanding of residents' individual needs and provided care in a respectful, compassionate, and calm manner. The culture within the centre reflected a human rights-based approach that respected residents' individuality and supported their unique needs and preferences.

This unannounced inspection took place over one day. There were 111 residents accommodated in the centre on the days of the inspection, and three vacancies.

Following a brief opening meeting with the person in charge and assistant person in charge, inspectors completed a walk around the centre, reviewing the living environment and meeting with residents and staff. Residents were observed going about their day-to-day routines throughout the centre. Some residents were having breakfast in the dining areas while others socialised in the sitting rooms. One resident who was having breakfast in their bedroom mentioned how they preferred this and chose to have other meals in the dining room. Residents were observed collecting the daily newspaper from the main reception area and attending Mass in the oratory. Several residents were receiving support from staff to meet their care needs.

The designated centre is a purpose-built, two-storey facility, and comprises of three units, Hazelwood Lodge, Lisadell Lodge and Glencar Lodge. Residents' living areas and bedroom accommodation are located on both floors, which are serviced by an accessible lift. The centre consists of single and twin-occupancy bedrooms, a number of which had en-suite facilities. Residents' bedrooms were bright, spacious, and comfortable, with adequate space to meet residents' assessed needs while supporting their privacy and dignity. Bedrooms reflected residents' individual preferences and were personalised with meaningful items such as photographs and ornaments. Adequate storage was available for residents' personal possessions.

Residents had access to a range of communal facilities throughout the centre, including a spacious foyer, sitting rooms, dining rooms, and a library. A chapel was available for religious services and private reflection, while dedicated private spaces facilitated visits and meetings with friends and relatives. Lisadell Lodge provided a designated tea and coffee area where residents and their families could access refreshments whenever they wished.

Glencar Lodge is purposefully designed to support residents living with dementia. The environment incorporated features that promote comfort, reduce anxiety, and enhance quality of life, including a spacious sitting room and a range of therapeutic

spaces such as a cinema room, bar area, and a sensory room. One room was decorated with a 'Longford Through the Years' theme, providing residents with opportunities for reminiscence and therapeutic engagement. Large wall murals depicting familiar local scenes, such as a post office, boutique and restaurant, were displayed. These facilities provided residents with opportunities for relaxation, engagement, and meaningful activities.

The premises were designed to meet residents' needs while supporting their independence. Corridors were sufficiently wide to accommodate residents using mobility aids, and handrails were appropriately positioned to support independent movement around the centre. There were a number of comfortable seating areas available for residents located along corridors, and call bells were accessible in all areas and responded to promptly. Measures were in place to support and protect residents' privacy during personal activities. For example, privacy screening had been installed on windows overlooking gardens and other communal areas, allowing residents to benefit from natural light and external views while maintaining their privacy. Notice boards were prominently displayed to provide residents with information on daily activities, advocacy services, the residents' committee and the complaints procedures. Daily newspapers and resident newsletters were available in the foyer. The centre's décor was of a high standard, enhancing its welcoming atmosphere. Residents' artwork was displayed throughout the building, reflecting their active involvement and contribution to the environment.

There was safe and unrestricted access to outdoor areas for residents. The landscaped gardens were fully accessible, with level pathways and features designed to support residents with varying mobility needs. The gardens provided suitable shelter, comfortable outdoor seating, and seasonal planting, creating an attractive and inclusive environment for residents to enjoy. The gardens provided residents with opportunities to engage in outdoor activities, including gardening and painting. These outdoor spaces were well used by residents and visitors throughout the day.

Inspectors observed a resident-centred approach to care and support, with residents encouraged and supported to exercise their rights. Staff were kind, patient and attentive, responding promptly to requests for assistance in a calm and respectful manner. Although staff were busy, they responded promptly to requests for assistance in a calm and unhurried manner. Communal areas were appropriately supervised, and residents who remained in their bedrooms or were unable to participate in communal activities received ongoing support throughout the day. Staff demonstrated a good understanding of residents' individual needs, and personal care was delivered to a high standard. A warm and welcoming atmosphere was evident throughout the centre. Residents appeared very comfortable in their surroundings, with friendly and familiar interactions observed among residents, visitors, and staff. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported with reassurance and care that was delivered in a sensitive, respectful, and person-centred manner. Inspectors observed the centre's resident dogs, Chloe and Maisie,

spending time with residents in the foyer. Residents spoke positively about having pets in the centre and the enjoyment they provided.

Residents' feedback provided an insight of their lived experience in the centre. Residents spoke positively about their experience, and they commented that they were very satisfied with the care they received and their living environment. One resident told inspectors, 'I am very happy and comfortable here', and another resident said, 'the staff are all very nice to me and get me everything that I need'. Residents said that they felt safe and secure, and that they could speak with staff if they were worried about anything. There were a number of residents who were unable to speak with inspectors and were therefore not able to give their views of the centre. However, these residents were observed to be content and relaxed in their surroundings.

Activities within the centre played an important role in supporting residents' social care needs. Residents told inspectors they had a wide range of activities available each day, including arts and crafts, bingo, quizzes and music. Activities tailored to residents living with dementia were also provided, such as interactive games and sensory relaxation sessions. Residents were supported to maintain links with their local community through regular outings and trips. Recent excursions included visits to a garden centre, an agricultural show and the local swimming pool, while residents with an interest in farming regularly attended the local mart. There was a 'Men's Shed' group in the centre that was well attended. One resident enjoyed assisting maintenance staff with jobs around the building. The main reception area featured a grand piano that some residents enjoyed playing. Inspectors observed several group activities during the inspection, including a quiz and baking session, both of which were well attended. Staff were observed actively supporting residents to participate and engage in activities. Residents also had access to television, radio, internet services, newspapers and books.

Visitors were observed coming and going throughout the day. Inspectors spoke with several visitors, all of whom expressed satisfaction with the care provided to their loved ones. One visitor stated that they were very happy with all aspects of the service and described their loved one as happy and content in the centre. Another visitor commented that staff 'could not do enough' for their loved one and that they 'went above and beyond' to care for them.

Residents had access to sufficient food and drinks throughout the day, including snacks and refreshments. Residents confirmed they had a choice of meals and beverages each day and spoke very positively about the quality of the food provided. A four-week menu was in place that was flexible to accommodate residents' individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements. Daily menus were communicated to residents so that residents knew what was available at mealtimes and residents had the choice of alternative meals if they changed their mind. Inspectors observed mealtimes to be relaxed and social, with food that was appetising and well presented. Staff provided assistance in a sensitive and discreet manner where required, while supporting other residents to dine independently.

In summary, residents were supported by a responsive and effective staff team that provided safe, appropriate, and person-centred care, resulting in a good quality service.

The following two sections outline the findings of this inspection regarding the governance and management arrangements in the centre, and their impact on the quality and safety of the service provided. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a monitoring inspection, conducted by inspectors of social services 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). Inspectors reviewed the action taken by the provider to address identified areas of non-compliance found on the last inspection in August 2025.

Inspectors found that the centre was well managed and that residents were provided with safe, high-quality services. The findings demonstrated the provider's ongoing commitment to quality improvement and the continued enhancement of residents' quality of life.

The registered provider of this designated centre is Templemichael Nursing Home Limited, a company comprised of two directors. Governance and management arrangements were well established, and the centre was adequately resourced to support residents in achieving a good quality of life. A clear management structure was in place, with defined lines of authority and accountability. The clinical management team consisted of a person in charge supported by an assistant person in charge and three clinical nurse managers. There was a full complement of staff, including nursing and care staff, activities, housekeeping, catering, administrative and maintenance personnel. Appropriate deputising arrangements were in place during the absence of the person in charge. Additional operational oversight and support were provided by the company. The clinical management team were present throughout the inspection and were observed to be a strong presence in the centre. The person in charge demonstrated a very good understanding of their responsibilities under the regulations.

The designated centre had sufficient numbers of staff to meet residents' assessed needs. Staff were suitably qualified and demonstrated the skills, competencies, and experience required for their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times in each unit, supported by a team of healthcare staff. Clinical supervision and support were provided by the person in charge, assistant director of nursing, and clinical nurse managers. Communal areas were appropriately supervised, and inspectors observed respectful and positive interactions between staff and residents. Staff worked

collaboratively to ensure residents' needs were met in a timely and effective manner.

Staff had access to education and training relevant to their roles and were supported to attend training as required. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. Appropriate arrangements were in place to provide staff with supervision and ongoing support.

The provider had effective management systems in place to monitor and evaluate the quality of care and services delivered to residents. A programme of clinical and environmental audits had been completed, covering areas such as care planning, wound care, and infection control. Where opportunities for improvement were identified, action plans were developed and implemented. Management also regularly reviewed key quality and safety indicators, including data relating to falls, infections, and wounds. In addition, a comprehensive annual review of the quality and safety of services was completed for 2025, which included a quality improvement plan for 2026.

There were effective communication systems in place within the centre. Regular management team meetings had taken place. Minutes of meetings reviewed by inspectors showed that a wide range of relevant issues were discussed, for example clinical issues, housekeeping and environmental issues and human resources. The management team also met with staff on a regular basis and discussed topics such as catering, activities, clinical care and other resident-related issues.

Staff had access to the policies and procedures required under Schedule 5 of the Regulations, providing guidance to support the safe delivery of care to residents.

The provider had systems in place to ensure that records required by the regulations were maintained securely, accessible when needed, and managed in accordance with regulatory requirements.

A risk management system was in place to identify, monitor, and address risks to residents' safety and wellbeing. The centre maintained a risk register outlining clinical and environmental risks, along with the control measures implemented to mitigate them. Procedures were established for the identification and recording of incidents, and all notifiable incidents were reported to the Office of the Chief Inspector of Social Services in line with regulatory requirements.

The centre had a complaints policy and procedure that clearly outlined the process for raising complaints or concerns. A complaints log was maintained to record all complaints received. A review of the log found that complaints were appropriately recorded, acknowledged, investigated, and that the outcome was communicated to the complainant.

Regulation 15: Staffing

There was sufficient staff on duty, with an appropriate skill-mix, to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 21: Records

Inspectors found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and were available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Effective governance arrangements were in place within the centre. Adequate resources were available on the day of inspection to support the delivery of appropriate care and support to residents. A clearly defined management structure with established lines of authority and accountability was in place. Effective monitoring systems supported oversight and promoted positive outcomes for residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in Laurel Lodge Nursing Home received a good standard of care and support that promoted their safety, well-being, and quality of life. Residents expressed satisfaction with their care and reported feeling safe and comfortable in the centre. Care was delivered in a person-centred manner, supporting residents' independence and overall well-being. Inspectors observed that residents' human rights and choices were upheld.

Nursing and care staff were knowledgeable regarding the care needs of the residents, and this was reflected in the nursing documentation. Residents had a comprehensive pre-admission assessment to ensure the centre could meet their health and social care needs. Following admission, validated assessment tools were

used to assess residents and inform the development of individualised, person-centred care plans. A review of residents' records found that care plans accurately reflected their current health and social care needs. Care plans were developed within 48 hours of admission and reviewed at least every four months, or sooner if residents' needs changed, in accordance with regulatory requirements. The care plans reviewed were person-centred, comprehensive, and provided guidance to staff on the supports required to optimise residents' quality of life. Care plans included a positive approach to risk enablement and were developed and reviewed with involvement from residents and/or their representatives.

Residents had timely access to appropriate medical care, including on-site reviews by their general practitioners. Arrangements were in place to ensure access to relevant health and social care professionals for specialist assessment and treatment, in line with their assessed needs. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise.

The centre had arrangements in place to support the provision of compassionate end-of-life care in accordance with residents' assessed needs and wishes. Records reviewed demonstrated that residents received timely support and opportunities to discuss and plan their end-of-life care. Individual preferences, including physical, psychological, spiritual, and personal needs, were respected and reflected in care plans. End-of-life care planning was multidisciplinary in nature and involved residents, their significant others, and relevant health and social care professionals.

The provider promoted a restraint-free environment in the centre in line with local and national policy. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. Residents who experienced responsive behaviours had comprehensive, individualised care plans in place that were kept under regular review and informed by appropriate assessments. Staff followed procedures that supported residents to express and manage responsive behaviours in a manner that was respectful, supportive, and grounded in a human rights-based approach.

A safeguarding policy was in place to guide staff in protecting residents from the risk of abuse. Staff demonstrated a clear understanding of the centre's safeguarding procedures and their responsibilities in identifying and responding to safeguarding concerns. Residents reported that they felt safe living in the centre. The provider had appropriate arrangements in place for residents who required a pension agent, in line with best practice.

Residents' rights were upheld and promoted throughout the centre. Staff demonstrated a clear understanding of residents' rights and supported residents to exercise choice and maintain independence within a person-centred culture of care. Residents' preferences were respected, including their choice of when to retire and rise each day. A varied programme of activities was provided by dedicated activities staff. Residents spoke positively about the range of activities available and the opportunities they provided for social engagement. Residents were encouraged to participate in the running of the service through regular residents' meetings and

satisfaction surveys, both of which yielded positive feedback. Residents were kept informed of available supports and services, including access to independent advocacy services where required. Support was provided to residents to exercise their religious beliefs and practices.

The premises were appropriately designed and laid out to meet residents' needs. The centre was clean, well maintained, and provided a comfortable, homely environment. Cleaning schedules were implemented, and equipment was cleaned after each use. Effective quality assurance processes ensured that appropriate standards of environmental and equipment hygiene were consistently maintained. A programme of ongoing maintenance and refurbishment was in place throughout the centre. Inspectors observed that flooring replacement works were progressing across identified areas of the premises. New flooring had been installed in several corridors and priority bedrooms, with the remaining replacement works ongoing.

Residents identified as being at risk of malnutrition were appropriately monitored. Their nutritional and hydration needs were clearly documented and well understood by staff. Effective referral pathways were in place to ensure timely assessment by the relevant healthcare professional.

An up-to-date residents' guide was in place and included information on the services and facilities available, the terms and conditions of residence, the complaints procedure, and arrangements for visits.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

Visiting arrangements were flexible, and visitors were welcomed throughout the day of the inspection. Residents who spoke with inspectors confirmed that they regularly received visits from family and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 13: End of life
Arrangements were in place to provide residents with appropriate care and comfort during their end of life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents' needs and wishes to support the provision of person-centred, compassionate, end-of-life care.
Judgment: Compliant
Regulation 17: Premises
The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents had access to sufficient food and fluids, including a safe supply of drinking water. A varied daily menu offered a range of choices, including options for residents requiring modified diets. Residents were monitored for weight changes and referred to dietetic services when necessary. Adequate staffing levels were in place to support residents during mealtimes.
Judgment: Compliant
Regulation 20: Information for residents
The provider had prepared a guide for residents which contained the requirements of the regulation.
Judgment: Compliant
Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were developed in accordance with residents' assessed needs using validated assessment tools. They were person-centred in nature and were reviewed and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training, and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors observed that residents' privacy and dignity were respected. Residents reported that they were well supported and had choice and control over how they spent their day.

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	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant