



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

Issued by the Chief Inspector

Name of designated centre:	St Lazerian's House
Name of provider:	St. Lazerian's House Company Limited By Guarantee
Address of centre:	Royal Oak Road, Bagenalstown, Carlow
Type of inspection:	Unannounced
Date of inspection:	12 January 2026
Centre ID:	OSV-0000556
Fieldwork ID:	MON-0043911

About the designated centre

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

St. Lazarian's House Supported Care Home is conveniently located in Bagenalstown village. The centre provides an opportunity for people to enhance their independent quality of life in a safe and comfortable environment with a wide range of support and social facilities. The centre caters for 18 male and female residents over the 18 years old from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the person in charge. Residents' accommodation is located on the ground floor throughout. The centre has 12 single bedrooms, one which is ensuite and three twin-bedrooms. Six toilets and three showers are provided to meet residents' needs. There are two sitting rooms and a dining room off the kitchen. The centre has a small oratory and a holy shrine in the garden. A laundry and a sluice room are also available. There is a parking area to the front and side of the premises with extensive gardens to the front of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Monday 12 January 2026	09:10hrs to 14:40hrs	Aoife Byrne	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking to residents, it was evident that this was a centre where residents were enjoying a good quality of life, encouraged by kind and dedicated staff. The feedback from residents was that they were very happy living in the centre and they felt supported and cared for by management and staff, who respected their opinions and choices. One resident said that "the staff are great fun" while another resident told inspectors that "the food is first class". The inspector also reviewed a number of family or carer questionnaires. These questionnaires focused on the care, environment, activities, staff, meals and overall views. The majority of responses reviewed were positive regarding the experience of the centre.

St Lazerian's House is located in Bagenalstown, Co. Carlow. The centre is a single storey building. The centre is registered to provide care for 18 residents, there was 15 residents living in the centre on the day of the inspection. The centre supports residents with low dependency needs. The bedrooms consist of 12 single rooms and three twin rooms.

On arrival to the centre, the inspector observed a relaxed and friendly atmosphere. While walking through the centre, the inspector saw that staff had a good rapport with residents and were assisting residents in an unhurried manner.

The design and layout of the premises met the individual and communal needs of the residents'. There was a choice of communal spaces. For example, a day room, a dining room, and a new sunroom. The day room had a fire lit, a television and plenty of chairs for residents to sit around. The new sunroom had a homely feel with recliner sofas for residents comfort and a television.

The provider had completed the construction of the new sunroom to the front of the premises. The person in charge told the inspector that the fire alarm in this room was due to be connected to the current fire alarm system in the week following the inspection. The inspector saw that a risk assessment had been conducted prior to the works commencing in June 2025. There was also evidence through letters, that residents were informed of the plan of works. The chief inspector was also informed about the extension prior to works commencing.

The inspector observed that residents were encouraged to personalise their bedrooms, with items such as photographs, ornaments and furniture from home, to help them feel comfortable and at ease in the centre. The inspector observed some of the vacant beds in twin rooms were unmade which took away from the homely environment for the other occupants of these rooms.

Throughout the day of inspection, residents were observed either coming or going from the centre, some alone or with family or friends. These residents maintained

their connections with the local community and were independent in making choices about how their days were spent.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was a one-day unannounced inspection 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). Overall, findings of this inspection were that this was a well-managed centre, where management and staff were striving to ensure residents were provided with person centred care and support.

St. Lazerian's House is operated by St. Lazerian's House Company Limited By Guarantee who is the registered provider of the designated centre. The governance structure consists of a board of management to support the person in charge. One of the board members is the nominated representative for St. Lazerian's House. The management structure within the centre was clear, with identified lines of authority and accountability. The person in charge was supported in their role by a registered nurse who worked 18 hours per week, healthcare support staff, a team of catering staff and administration.

The inspector found that the designated centre had adequate resources to ensure the effective delivery of high-quality care and support to residents. There was evidence of good management systems in place such as clinical governance meetings, staff meetings and residents meetings. It was clear these meetings ensured effective communication across the service for example: audit results were discussed with action plans in place to aid shared learning. The quality and safety of care was being monitored through a series of audits some of which include falls, premises and infection prevention and control audits.

The annual review for 2025 was available during the inspection. It set out the improvements completed in 2025 and had detailed improvement plans set out for 2026 such as training, contracts and extension works.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of training was available to all staff in the centre.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed records in relation to contracts for the provision of services and found that a number of actions were required to ensure that they met the requirements of the regulations, for example:

- the contract of care for all residents did not specify the room number of the resident.
- the occupancy of the room for example a single or twin room, was not reflected on any of the contracts.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the care and support residents received in St. Lazerian's House supported them to have a good quality of life. It was evident that staff were committed to help residents maintain their independence where possible.

The care plans of residents who had communication difficulties were reviewed. Care plans were seen to be personalised to the resident and detailed the resident's communication style and preferences.

The inspector saw evidence of end-of-life care plans and advanced healthcare directives for a sample of residents. These included details of their wishes and preferences at end of life. As the centre was a low dependency centre and did not care for residents who were end of life their preferences in relation to transfer to another designated centre were clearly documented.

Residents laundry was facilitated on site. Residents informed the inspector, and residents' council minutes identified, that residents were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing. All residents had access to a locked cupboard or locker in their bedroom for valuables. The registered provider was not a pension agent and held no personal monies on site for residents.

Inspectors observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. The different food consistencies served to residents reflected their assessed needs. The food was presented neatly, as a result, the resident could identify the different food groups on their plate.

Medications were administered to residents in line with the centre's policy. The majority of regularly prescribed medications came individually in an automated medication dispenser which was packed by the pharmacy on a weekly basis. Medication was stored in a locked trolley in the clinical room. The nurse or senior healthcare assistant held the keys for these cupboards.

Regulation 10: Communication difficulties

Residents that had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 13: End of life

Residents received end of life care based on their assessed needs and their own preferences. Individualised care plans were person-centred to address the physical, emotional, social and spiritual needs of the resident. Family and friends were incorporated into their end of life care plan with the consent of the resident.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes. Regular drinks and snacks are provided throughout the day.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

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 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

Compliance Plan for St Lazerian's House OSV-0000556

Inspection ID: MON-0043911

Date of inspection: 12/01/2026

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>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 occupants (if any) of that bedroom, on which that resident shall reside in that centre.</p> <p>All our contracts of care have been reviewed for all residents and templates used going forward. They now include:</p> <ul style="list-style-type: none">A. Single or Double Occupancy Room as standard on the contractB. Room Number specific being offered. <p>]</p>	

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 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 occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	06/02/2026