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 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:	08 April 2026
Centre ID:	OSV-0000556
Fieldwork ID:	MON-0050214

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:	16

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 8 April 2026	09:00hrs to 17:00hrs	Frank Barrett	Lead

What residents told us and what inspectors observed

This inspection was carried out following an application by the provider, to register a newly constructed room attached to the centre. The inspection reviewed the current fire safety and management arrangements in place which would impact on residents' use of the newly constructed room and the existing centre.

The addition of this newly constructed room would provide an internal conservatory-type room for residents use. The construction work at the site was complete, however, the room was not in use. The new room was built on to the front of the existing building with a door into the existing escape corridor for access and egress to the room. The room was found to be well finished with comfortable furniture, TV, tables and light. The windows surrounding the room gave a bright open feel, and would allow a connection to external area outside the reception where visitors would arrive.

Residents living at this centre were observed coming and going throughout the day. All residents are low dependency, meaning they require minimal support throughout their time at the centre. Some residents left the centre for the day, attending day services, going to nearby towns and visiting with friends and relatives. Visitors were also observed attending the centre and collecting residents for outings. There was a relaxed atmosphere among the residents and the staff evidenced by interactions with staff, and the nature of those interactions with the residents which were cordial and friendly.

The external grounds were extensive, and there was suitable benches, tables and winding footpaths through the gardens which were surrounded by trees. There were no restrictions in place to access the gardens or to leave the centre from the garden. Residents expressed their enjoyment of the gardens to the inspector, and on the day of inspection, there was a gardener tending to the grassed areas providing even more usable outdoor space for the 16 residents at the centre.

The inspector noted that there were some actions required to address fire safety concerns in the structure of the existing building, however, the profile of the residents' low dependency documented that each resident was capable of self-evacuation, and all bedroom and day spaces were on the ground floor with adequate escape routes available.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection to review fire safety and the inclusion of a new room to the footprint of the centre under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations as amended. The provider Of St Lazerians was St. Lazerian's House Company Limited By Guarantee. There was a person in charge of the centre who worked full-time. They were supported in their role by a registered nurse and care assistants.

The building is owned by the Health Service Executive, however, they are not part of the day to day running of the centre. The company managing the centre lease the building, and also are responsible for all works carried out including the construction of the new conservatory room. The inspector was informed that the centre required ongoing fundraising within the wider community to stay in use, and staff at the centre were heavily involved in that fundraising effort. It was clear from discussion with local staff in the centre, that the local community were very involved in the fundraising and supported the efforts wherever they could.

While the staff and management of the centre were ensuring that resources were in place, this was in the context of the residents being of low dependency. An example of this was noted in the staffing compliment which outlined that there was no nursing staff in place at the centre at night. There was a long serving member of staff each night, and there was a system in place to contact other on-call staff if an issue arose. However, one member of staff on night duty in the event of a fire was required to manage the situation and start evacuations alone while contacting local services and other staff for assistance. Records were kept which outlined that these staff were capable off completing the evacuation. However, given the expectations on that staff member, additional simulation of the night-time scenario would ensure that additional likely fire situations could be practiced and improve the response times. There was a fire safety policy in place at the centre which had been reviewed earlier in the year. The policy specified that the residents using the centre were all assessed as low dependency, and actions required by staff were in the context of minimal additional supports required for evacuation, for example, there were no bed or mattress evacuations required. This management ensured that the available resources were used to facilitate the resident evacuation and call for help in the case of a fire during the lowest staffing periods.

The provider had completed a fire safety risk review of the centre following an inspection in 2024. While this review highlighted a number of areas for further action, there was no available corresponding documentation to outline the steps that had been taken, or to illustrate that these issues had been closed out. An updated review would capture the current situation and highlight any remedial works required on a priority basis. The completed extension to the centre was not in use on the day of inspection. The inspector reviewed floor plans which indicated the layout of the centre. However, there was a difference in the built version of the room versus the floor plans, in that, the plans indicated a door to the escape route.

There was no door in place on the day of inspection. This required review in order to ensure that compliance with local authority fire certification was in place.

Regulation 23: Governance and management

There were resources in place to ensure the day-to-day needs of the residents were met. However, further resources were required to ensure maintenance and fire safety actions required could be carried out.

A further fire safety risk assessment was required to outline the overall fire safety risk, and put in place an action plan for their remediation. Some of these issues are outlined under regulation 28 Fire Precautions.

Statutory fire safety certification for the new build section was not in place and required attention before the room could be used by anyone living or working at the centre.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that the quality and safety of the service available at St Lazerians ensured that resident's needs were met, and that their freedom to express their wishes was prioritised to the highest level.

On reviewing the premises of the centre, the external areas were found to be of a high standard of upkeep, and particular care and attention was clear in these areas. This was important for the residents as they used these areas regularly.

Internally, the building was well maintained and was bright with high ceilings. There were some areas along corridors including some flooring which showed sign of wear and tear, and there were some storage spaces which required review in order to ensure that items were not placed on the floor. However, overall the premises was suitable to the needs of the residents, and the areas used by those residents was prioritised for maintenance. There was a need to improve maintenance and upkeep of other areas including the first floor storage spaces. There areas were found to be cluttered and neglected. This was also impacting on fire safety as the storage included combustible and flammable items loosely placed in various area. While there were shower rooms available for residents including large walk in showers, there was no bath in place for residents if they wished to use one. These issues are outlined under regulation 17: Premises

Fire safety was reviewed in the existing centre on this inspection. Previous inspection findings on fire safety had been addressed as outlined in the providers compliance plan. Further work was required to improve fire safety at the centre. There was a working stove in place within a large day room. Residents liked having this available to them, and it was appropriately managed to protect resident's staff and visitors when it was in use. However, the nearest fire extinguisher was in the adjacent corridor, which did not reflect the risk associated with the stove. Other issues of fire risk included arrangements in the kitchen and the storage practice which required review.

Escape routes were generally well maintained and external escape routes were clear. However, one external escape route was adjacent to two oil tanks holding kerosene and diesel fuel. This escape route was to the rear of the building and protection measures were required to ensure safe evacuation could be completed along this route. Emergency lighting also required additional review on the escape routes as some of the light fittings did not appear to be capable of operating as emergency lights. This was partially mitigated by the presence of a generator on site which would provide power to the lighting in the case of an outage and evacuation. However, that arrangement may not work if the fire origin was the electrical switch room which handled the changeover to generator power, or if the generator failed.

There were evacuation maps posted on the walls to assist evacuees to identify the nearest escape route, however, the detail on the map did not indicate all of the escape routes, the location of the assembly points or firefighting equipment. Further simulations of night-time scenarios were also required to ensure that staff would be confident of responding promptly to any fire scenario.

Some areas of fire containment were in need of review. As part of remedial works following a previous inspection, a fire door was put in place between the escape corridor and the chapel area. This door was not fitted to correctly to ensure fire containment was in place. The centre material of the door was exposed, and the inspector could not be assured of the fire rating of hinges used on the door. Fire doors at the centre required review to ensure that any features that would be required to provide the fire rating including smoke and fire seals were in place. Work was ongoing at the time of this inspection on a communications system within the centre. The wires for the cameras used had been routed through compartment walls and ceilings. The breaches of these compartment lines were not sealed, and remedial works were required to ensure compartmentation was in place. These issues are discussed further under regulation 28: Fire Precautions.

Regulation 17: Premises

Overall, the premises available to the residents was suitable for their use. However, some issues persisted including:

- Storage practice required review to ensure that storage spaces were maintained in a usable manner and that items were not stored on the floor.

This practice was observed on the first floor area, and in external storage spaces of the registered centre.
- There was no bath in place for residents to use in the centre.
- Some flooring required review as it was showing signs of excessive wear.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further improvement was required by the registered provider to take adequate precautions against the risk of fire, and to provide suitable fire fighting equipment for example:

- There was no fire extinguisher present in the room where the stove was in use.
- There was a deep fat fryer located beside the gas stove in the kitchen. As the kitchen was not fitted with an automatic supression system, this presented a heightened risk of fire which was not mitigated within the kitchen.
- Flammable and combustible items were stored together increasing the risk of fire within storage spaces. This included the use of a cupboard in the corridor which housed a hot water tank and associated electrical and plumbing services.

Further work was required to provide adequate means of escape including emergency lighting for example:

- Emergency lights fitted outside escape doors did not all appear to be in working order in the event of a fire and a power outage.
- The external escape route to the rear was encroached by two tanks which held diesel and kerosene fuels.

Action was required by the registered provider, to ensure by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example:

- Further fire drills reflecting the periods with the lowest staff number were required to ensure staff had practiced evacuations of all areas under these conditions and document the requirements for calling assistance, while ensuring that residents can evacuate.
- Floor plans used at the centre to assist in wayfinding during an evacuation required upgrade to ensure that the assembly point could be located, that all rooms were included on the plans, and that escape routes were readily identifiable.

Notwithstanding works that had taken place to improve the compartmentation within the building, improvement was required by the registered provider to make

adequate arrangements for detecting, containing and extinguishing fires. For example:

- Issues were noted with fire doors in many parts of the centre, for example the door from the corridor to the chapel had the chipboard core exposed which would compromise the fire rating.
- Services which penetrated compartment lines were not sealed to ensure the compartment would contain fire smoke and fumes for example, in the room where communications equipment was being fitted there was a large hole in the ceiling
- There was no fire detector fitted in an external boiler room.

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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for St Lazerian's House OSV-0000556

Inspection ID: MON-0050214

Date of inspection: 08/04/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Finding 1 A comprehensive fire safety risk assessment was required to identify the overall fire safety risks and provide a structured action plan. Action to be Taken An independent competent fire safety consultant will be engaged to complete a comprehensive fire safety risk assessment of the centre. The assessment will identify all fire safety risks and prioritise required remedial actions. A detailed action plan will be developed, monitored through the governance structure and reviewed regularly by senior management until all actions are completed. Finding 2 Statutory fire safety certification was not in place for the new build section. Action to be Taken The Registered Provider will engage with the building professionals to obtain all required statutory fire safety as per certification. The new build area will remain unavailable for occupation until a new Fire door is installed as per regulatory requirements.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

Finding 1
Storage areas required review to ensure safe and appropriate storage practices.
Action to be Taken
A full review of all internal and external storage areas will be completed. Unnecessary items will be removed, shelving installed where required and all items will be stored off the floor. A storage management system will be implemented to maintain organisation and accessibility.

Finding 2
No bath was available for residents.
Action to be Taken
A review of residents' preferences and needs regarding bathing facilities will be undertaken. A feasibility assessment will be completed regarding installation of a suitable assisted bath if this is the preference of the residents. Findings and proposed actions will be documented and reviewed for consideration and implementation.

Finding 3
Some flooring showed signs of excessive wear.
Action to be Taken
A flooring audit has been completed and areas identified as requiring replacement or repair will be included in the centre's maintenance schedule. Works will be prioritised according to risk and completed by approved contractors.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Finding 1
No fire extinguisher was present in the room where the stove was in use.
Action to be Taken:
The fire risk assessment of the stove area will be reviewed and appropriate fire-fighting equipment installed in accordance with professional fire safety advice.

Finding 2
The location of the deep fat fryer beside the gas stove increased fire risk.
Action to be Taken
The kitchen layout and cooking equipment arrangements will be reviewed by a competent fire safety professional. The deep fat fryer will be relocated where practicable or additional control measures will be implemented to reduce any risk of fire. Extra staff training, awareness and signage to be put up in the interim to also reduce risk of fire.

Finding 3
Combustible and flammable materials were stored together increasing the risk of fire in storage spaces.
Action to be Taken
All storage areas will be reviewed. Flammable and combustible materials will be segregated and stored in appropriate designated locations. The hot water tank cupboard will be cleared of inappropriate storage items immediately.

Finding 4
Emergency lighting outside an escape door required review.
Action to be Taken
A competent contractor will inspect and test all emergency lighting installations. Any defective fittings will be repaired or replaced and certification retained on site. Extra emergency lighting will be fitted to reduce any risk in the vent of a fire and power outage.

Finding 5
External escape route was compromised by proximity to fuel tanks.
Action to be Taken
A risk assessment of the external escape route will be completed. Appropriate protective measures, including physical barriers and/ or route protection, will be implemented to ensure safe evacuation.

Finding 6
Night-time evacuation drills required further testing.
Action to be Taken
Additional simulated night-time fire drills will be completed reflecting minimum staffing levels. Outcomes will be reviewed to identify learning and ensure residents can be evacuated safely and effectively.

Finding 7
Evacuation floor plans required improvement.
Action to be Taken
All evacuation maps will be reviewed and updated to clearly identify all rooms, escape routes, assembly points and fire-fighting equipment locations.

Finding 8
Fire doors required review and remedial works.
Action to be Taken
A comprehensive fire door survey will be undertaken by a competent contractor. All deficiencies identified, including exposed core material, missing seals, unsuitable ironmongery or certification issues, will be rectified.

Finding 9
Unsealed service penetrations were compromising compartmentation.
Action to be Taken
All service penetrations through fire-rated walls and ceilings will be identified and sealed using certified fire-stopping systems by a competent contractor.

Finding 10
No fire detector was fitted in the external boiler room.
Action to be Taken
A suitable fire detection device will be installed in the external boiler room in accordance with the recommendations of the centre's fire safety advisor and alarm system provider.

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	30/08/2026
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	30/08/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/08/2026

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/08/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/08/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/08/2026