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:	Droimnin Nursing Home
Name of provider:	Following cancellation of the registration of Droimnin Nursing Home Limited, this centre is being operated by the HSE in line with Section 64 of the Health Act 2007.
Address of centre:	Brockley Park, Stradbally, Laois
Type of inspection:	Unannounced
Date of inspection:	25 March 2026
Centre ID:	OSV-0000702
Fieldwork ID:	MON-0050048

About the designated centre

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

Droimnin Nursing Home is located in Stradbally, Co Laois. The centre can accommodate 70 residents. The centre is currently operated by the Health Service Executive under Section 64 of the Health Act.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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 25 March 2026	09:30hrs to 15:00hrs	Sean Ryan	Lead
Wednesday 25 March 2026	09:30hrs to 15:00hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Residents living in Droimnin Nursing Home reported a significant improvement in their overall quality of life. They described enhanced levels of comfort and expressed increased feelings of safety within the service. Residents indicated that the environment had become more supportive of their individual needs and contributed positively to their day-to-day living experience.

Inspectors arrived unannounced at the centre and were met by the person in charge. An introductory meeting was held with the person in charge and nurse managers, to outline the purpose and scope of the inspection.

Inspectors completed a walk-through of the centre. The environment was observed to be calm and quiet, with a relaxed atmosphere throughout. The premises were clean and well-maintained. Residents were observed in the communal sitting rooms, where newly provided seating supported residents' comfort needs. A small number of residents were in their bedrooms; some were resting in accordance with their preferences, while others were receiving support from staff. Staff interactions with residents were observed to be calm, unhurried and person-centred.

Residents spoken with during the inspection reported that they were aware of recent changes in the management of the centre. They demonstrated a clear understanding of the management structure and identified that members of the management team were accessible and available to them, should they have any concerns. Residents reported that staff appeared content in their roles and that there had been an increase in the availability and visibility of nursing staff within the centre. This was described as having a positive impact on residents' access to care and support. Overall, residents reported that these developments had contributed to a more positive experience of living in the centre.

Residents were observed to be well-presented and appropriately dressed in accordance with their preferences. Attention to personal care and presentation, including the wearing of jewellery and makeup, was evident and supported residents' dignity and individuality.

The dining experience was observed to be calm and well-managed. Adequate staffing levels ensured that residents were supported in a timely and respectful manner, with staff available to sit with residents, provide assistance and engage socially. Meals were observed to be wholesome, nutritious and attractively presented. Residents were offered choice at mealtimes, and there was evidence that meals were provided in line with residents' assessed dietary requirements, including modified consistency diets, where required.

Opportunities for residents to participate in activities were available throughout the day. The overall pace of the centre was observed to be unhurried, with staff

spending time engaging meaningfully with residents. Inspectors observed that some residents who had previously remained in their bedrooms were now attending communal areas and engaging more socially. These residents reported that this represented a positive change in their daily routines and that they now enjoyed and looked forward to increased social interaction.

Capacity and capability

This was an unannounced inspection carried out 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 (as amended).

In February 2026, the registration of the previous registered provider was cancelled. In accordance with Section 64 of the Health Act 2007, the Health Service Executive (HSE) was operating the designated centre as if the registered provider.

The findings of this inspection were that there was a clearly defined and effective management structure in place, with identified lines of accountability and responsibility for the delivery of safe, high-quality and person-centred care to the residents. Adequate resources had been allocated to the centre to ensure that residents' nursing, medical and social care needs were met. In addition, effective systems of oversight and monitoring were in place, to ensure that the service delivered to residents was safe, appropriate and consistent, with the exception of oversight arrangements relating to the management of residents' finances and the associated records.

A person in charge had been appointed and was working full-time in the centre. They were responsible for the direction and supervision of care provided to residents. The person in charge was supported by a director of nursing, and assistant director of nursing with responsibility for practice development, an advanced nurse practitioner in older persons' care, and two clinical nurse managers. In addition, a further two clinical nurse managers were in the process of joining the service to further strengthen governance arrangements and ensure effective oversight of the care being delivered.

Effective systems had been established to support clear communication at all levels within the centre, with particular emphasis on communication between nursing and health care staff. These systems were found to be effective in supporting the continuity of care for residents. This included the timely communication of outcomes from medical reviews, referrals for specialist assessment, and appropriate follow-up actions. There was evidence that recommended actions were implemented in practice, which had a positive impact on residents' care and outcomes.

Notwithstanding the significant improvements found across most of the regulations reviewed, inspectors found that oversight arrangements in place for the

management of residents' finances were not clearly defined. In particular, there was a lack of clarity regarding responsibility for residents' pensions and social welfare payments, and the processes in place for their management and access.

Systems were in place to monitor the quality and safety of the service through a programme of regular auditing. Audits were carried out at defined intervals, with a particular focus on key areas such as the quality of care provided and medication management.

The incident management system had been updated to ensure that all incidents were appropriately recorded, managed and escalated, in line with the centre's procedures.

Arrangements were in place to support the management of complaints within the centre. Action had been taken to ensure that residents and their representatives were informed of the processes for raising concerns and complaints about the service. This included the provision of education and information sessions, with input from external advocates to promote awareness of the available supports. Inspectors found that complaints and expressions of dissatisfaction were recorded, reviewed and managed in line with regulatory requirements.

A programme of training was in place for staff, and staff were facilitated to attend training to support them in their roles. This included training in key areas such as documentation, the care of residents, infection prevention and control, and safeguarding. Staff spoken with demonstrated appropaite knowledge of the residents assessed needs and preferences.

Arrangements were in place for the supervision of staff. Nurse managers had responsibility for the oversight of each area of the centre and were observed to provide guidance and support to staff in their roles.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations in relation to management experience, qualifications ad experience in the care of older persons. They were employed in a full-time capacity and were engaged in the day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was an adequate number and skill-mix of staff on duty to meet the assessed needs of residents. Staffing resources had been enhanced to ensure that residents' nursing, health and social care needs were appropriately met.

There were also sufficient ancillary staff in place, including housekeeping, laundry, catering, administration and maintenance staff, to support the effective day-to-day operation of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training programme was in place, and staff had access to training appropriate to their roles. Records reviewed demonstrated that staff had completed training in key areas, including manual handling, safeguarding of vulnerable people, and fire safety. Staff spoken with demonstrated appropriate knowledge and understanding of their roles and responsibilities in these areas.

Effective staff supervision arrangements were in place. There was evidence that the quality and safety of care provided to residents was supervised and monitored to ensure it was consistent with residents' assessed needs and care plans.

Judgment: Compliant

Regulation 21: Records

Records relating to resident finances were not maintained in accordance with Schedule 3 of the regulations. In particular, there were no records available to identify residents for whom financial arrangements, including pension agent arrangements, were in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had established and implemented effective governance arrangements that ensured effective oversight and supervision of all aspects of the service, including the supervision of the delivery of safe and quality care to residents.

While systems had been established to effectively monitor the quality and safety of the service, there was poor oversight of systems and records in place to safeguard

residents financial affairs. Information, relating to money held by the provider on behalf of residents, including current, discharged and deceased residents, was not clearly known. There was a lack of clarity regarding access to these funds, and records were not available within the designated centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Adverse incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

Records of complaints were maintained in the centre and inspectors found that these were documented, acknowledged and investigated in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The findings of this inspection were that the governance and management arrangements in place supported the delivery of safe and effective care to residents. Residents were observed to be safe and in receipt of a good standard of care. Inspectors found that residents had timely access to appropriate health care services and that their health and social care needs were met. However, a review of the systems in place to safeguard and protect residents' finances found that the oversight of residents' funds, including pension payments, and payments for services was not robust. These matters are addressed under the Capacity and capability section of this report, under governance and management and records.

All residents had a care plan in place, which were informed by comprehensive assessments of their needs. Care plans provided person-centred guidance to staff on meeting residents' nursing, health care and social care needs.

Residents had access to a general practitioner (GP), as required or requested. Arrangements were also in place to ensure access to a range of health and social care professionals for further assessment, as appropriate. There was evidence that referrals to specialists were made in a timely manner and that recommendations from these assessments were monitored and implemented to support best outcomes for residents.

Residents' nutritional needs and risks were appropriately assessed and monitored. Where required, residents had access to specialist assessment by dietetic and speech and language services, which informed the development of person-centred nutritional care plans. These care plans were communicated to staff involved in the provision of care and in meal preparation. Systems were in place to monitor residents nutritional status, including regular weight monitoring and more frequent review, where indicated. Additional monitoring of residents' food and fluid intake was implemented, as required.

Residents reported that they felt safe living in the centre. Staff spoken with demonstrated appropriate knowledge of their roles and responsibilities in the safeguarding and protection of residents, including the actions to be taken in the event of a concern or allegation of abuse. Arrangements were in place to ensure that any safeguarding concerns were documented and investigated in line with the centre's safeguarding policy and associated procedure.

Arrangements were in place to support residents' rights and participation in the centre. Regular residents' meetings were held, with input from relevant services available to support residents, including independent advocacy services. Residents reported that the information and engagement provided had supported their understanding of their rights and services available to support them. An activity schedule was in place, and residents were observed to be socially engaged and participating in activities throughout the day of inspection.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks, and refreshments were made available at the residents' request. Menus were developed in consideration with residents' individual likes, preferences and,

where necessary, their specific dietary or therapeutic diet requirements, as detailed in resident's care plans.

Daily menus were displayed in suitable formats, and in appropriate locations, so that residents knew what was available at meal-times. There was adequate numbers of staff available to assist residents with their meals.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart, and timely referral to dietetic and speech and language services.

Inspectors observed that residents received food that was appropriate to their assessed needs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were person-centred, appropriate to the care needs of residents and instructions of allied health care professionals, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre, as required or requested.

Services, such as physiotherapy, were available to residents weekly, and services such as tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.

There was evidence that recommendations made by health care professionals were followed up and monitored. This supported the delivery of care, in line with residents' assessed needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Issues identified in relation to the oversight and management of residents' finances are addressed under Regulation 23, Governance and management and Regulation 21, Records.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose.

There were facilities for residents to participate in a variety of activities. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer.

Residents attended regular meetings and contributed to the organisation of the service. Residents confirmed that their feedback was used to improve the quality of the service they received. There were regular resident meetings held, and residents were provided with information about the services they could access, if needed. This included independent advocacy services.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Droimnin Nursing Home OSV-0000702

Inspection ID: MON-0050048

Date of inspection: 25/03/2026

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: The pension agent arrangements have been reviewed. The HSE as Provider is the designated pension agent on behalf of any residents who require or request support to manage their finances. A process has taken place to transfer pension payments and for social welfare payments for any residents who require this financial support in line with the HSE policy and Patient Private Property Accounts (PPPA's) arrangements. Records (i.e. Rechargeables record) is maintained on site and checked on an ongoing basis, for each individual resident. They outline resident's monies used and the purpose for same, including comfort expenses and designated centre charges. In accordance with Schedule 3 of the regulations, property lists for residents will be reviewed and updated to ensure accurate records are in place for any valuables held in safe keeping on behalf of any resident.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Plans to ensure compliance with Regulation 23 include the following: Acting in its role under Section 64 of the Health Act 2007, the HSE has completed the on-boarding and operation of residents PPP accounts into which those residents' monies will be paid. The HSE is now the designated pension agent for residents who require or request support to manage their finances. In addition, the HSE has initiated the	

completion of set-up forms to have full visibility of funds for deceased/discharged clients. The HSE is also taking measures to transfer all resident's funds including active Pension Agent funds into the HSE's Patient Private Property Central Unit bank account.
To ensure the HSE has full visibility and additional control of financial transactions a system is in place to review records of financial transactions and cross referencing of all monthly invoices submitted. The HSE's Regional Director of Finance has nominated a HSE staff member to review all data and statements accompanying invoices each month.

A dedicated HSE cost centre has been created into which Fair Deal funding is transferred on a monthly basis. This action ensures HSE has full oversight and governance of this cost centre.

The system applied for charges for personal items and social charges is managed and overseen by a Senior Manager in the HSE to ensure transparency and accountability to safeguard residents' financial transactions.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2026