

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

Issued by the Chief Inspector

Name of designated centre:	Lourdesville Nursing Home
Name of provider:	Seamus Brennan
Address of centre:	Athy Road, Kildare Road, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	19 June 2025
Centre ID:	OSV-0000060
Fieldwork ID:	MON-0041636

About the designated centre

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

Lourdesville Nursing home is located in the vicinity of Kildare town and close to many areas of interest, including the Curragh, Curragh racecourse, Japanese Gardens, the National Stud and accessible shopping. The centre was originally operated as a private maternity unit and has been developed and extended over the years. The centre now operates from the ground floor only. Bedroom accommodation consists of 26 single rooms, 5 Twin bedrooms and 2 three bedded rooms. Of these rooms listed 8 are ensuite. Communal accommodation includes a large dining, day rooms, conservatory, quiet room, small dining room, activities room and smoking cabin. There is access to a secure outdoor patio/garden area at the side and large landscaped gardens to the front, with ample parking to the front of the centre. The centre can accommodate a maximum 42 residents, male and female residents over the age of 18, of varying dependencies, for long and short-term stays. 24-hour nursing care is provided to cater for various needs, including dementia and people with chronic mental health needs, rehabilitation, palliative care, respite, convalescence and post-operative care. The registered provider is a sole trader and employs approximately 43 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
--	----

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
Thursday 19 June 2025	09:05hrs to 17:00hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The inspector spoke with 12 residents and four visitors and the general feedback was that Lourdesville Nursing Home was a warm and safe place to live. Residents described the staff as 'super' and told the inspector they were well looked after by kind and gentle staff and that they felt safe in the centre. One resident told the inspector "I couldn't ask for much more". Other residents spoke about wanting to go out on more day trips or to have more opportunity to leave the centre and engage in the local community. There was a homely and relaxed atmosphere observed in the centre on the day of the inspection.

Staff across all disciplines were observed speaking with residents kindly and respectfully, and interacting with them in a friendly manner. The inspector observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

Following an introductory meeting with the person in charge and registered provider, the inspector walked around the centre. The centre is spread out over one floor which contains residents' bedrooms and communal areas such as conservatories, a sun-room, dining rooms and a day room. Most residents were observed in their bedrooms or in the day room throughout the day, visitors were observed coming and going during the day and there were no restrictions on visiting. Residents observed residing in their bedroom had access to a call bell. Visitors confirmed they were happy with the care provided to their loved ones. During the walk around the inspector observed that residents' commodes were being stored in their bedrooms and that some commodes were being used in bathrooms in the absence of dedicated shower chairs. Residents' bedrooms were observed to be clean and nicely decorated.

Residents were observed watching television in both of the day rooms for most of the morning. Some residents were observed sitting in the courtyard enjoying the sunshine in the afternoon however, the majority of residents were observed in the day room for the duration of the day as this was also used as the dining room. Activities such as bingo took place here on the day of the inspection and a pictorial activities schedule informed residents what was upcoming. Mass took place in the centre every Tuesday.

Residents told the inspector that they saw their general practitioner (GP) when they required. Relatives spoken with said that the communication between the nursing staff, the residents and families was good and they were kept informed of updates on their loved one and life in the centre.

The registered provider had installed a large container at the front of the centre, which was used to store records as a file archive room. The inspector observed two large full oxygen bottles and a combination of empty and full small oxygen bottles were being stored in the corner of this room, some on their sides and some upright.

Due to increased risk of fire from this practice, an immediate action was issued to the provider to remove these to a more appropriate storage area.

The inspector observed the mealtime in the centre's dining rooms and lounge. Residents sat together in small groups at the dining tables. Staff members were available to support the residents, and they were observed to be respectful and discreet while assisting residents. Residents were provided with a choice for all their meals and all were complimentary of the food, which looked wholesome and nutritious. There were snacks and drinks offered throughout the day and residents enjoyed ice creams in the hot weather.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025. Overall, the findings of this inspection were that the governance and management arrangements in place ensured that residents received person-centred care and support. However, some areas for improvement were identified as outlined under Regulation 34: Complaints procedure, Regulation 5: Individual assessment and care plan and Regulation 11: Visits.

The registered provider for Lourdesville Nursing Home is Seamus Brennan. The centre was operationally managed by the person in charge, who worked Monday to Friday on a full-time basis. Other staff working in the centre staff included a team of clinical nurse managers (CNM)s, nurses, health care assistants, administrative staff, household, catering and activities staff. On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs.

The provider had applied to vary condition one of the registration following the previous inspection to register a storage unit being used for the records. This required an updated statement of purpose which was submitted in line with the application. The inspector found discrepancies between the management structure outlined in the statement of purpose (SOP) and the resources available in the centre. According to the centre's statement of purpose, the person in charge was supported in their role by four CNMs. At the time of inspection, there were two CNMs in the centre, they were working in a supernumerary capacity three days per week. Two other clinical nurse managers were effectively working as senior staff nurses and did not have any supernumerary hours to fulfill managerial duties.

The registered provider had audit and monitoring systems in place to oversee the service. However, the complaints procedure and visiting policy were both required to be updated to reflect the requirements of the regulations. This and further findings are outlined under Regulation 23: Governance and Management.

A record of complaints was maintained in the centre. Complaints were recorded separately to the residents' care plans, as per the requirements of the regulations and the inspector saw that the complaints procedure was clearly displayed in the centre. However, the management of complaints required attention as further detailed under Regulation 34: Complaints procedures.

A record of incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there were sufficient staff on duty to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place to ensure that the service was safe and effectively monitored were not fully effective as evidenced by:

- There was inadequate oversight of complaints for example; a complaint made by a resident had not been fully investigated and the complaints policy and procedure on display had not been updated to reflect the changes in the regulations in 2023.
- An immediate action was issued on the day of the inspection to remove the oxygen cylinders from within the records room.
- Infection control and environmental audits had not identified that essential resources such as shower chairs were not available to staff.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered providers' statement of purpose required updating to accurately reflect the roles of the staff working in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was kept from a sample reviewed relevant notifications had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

- The registered provider did not have an up-to-date complaints procedure to include changes made to the regulations in March 2023. This meant that the revised regulatory requirements that provided specific time frames for the provision of written responses to the complainant, and a specific escalation pathway should the complainant be dissatisfied with the outcome were not available.
- A small number of complaints had been received by the provider and while these were recorded, it was done so on an informal basis and did not evidence that there had been investigations carried out.

Judgment: Not compliant

Quality and safety

Residents enjoyed good quality care and support from a staff team who knew them well. This ensured care was person-centred and there was a relaxed, welcoming and homely atmosphere in the centre.

Residents' health and social care needs were assessed on admission to the centre. These assessments were used to inform the development of care plans that provided guidance to staff in supporting residents' individual care needs. However, the inspector found that a small number of care plans reviewed did not evidence

that they were reviewed on a four monthly basis or sooner. Care plans reviewed were person-centred and sufficiently detailed.

The provider had measures in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse and staff spoken with on the day were aware of how to report suspected abuse.

Residents had access to television, radio and local and national newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys and through resident meetings. Advocacy services were due to attend the service to meet with residents. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre. There was a schedule of activities which included ball games, arts and crafts, live music, bingo and exercise classes.

There were no restrictions on visits to the centre and visiting was observed in a number areas of the centre. The provider had a visitors policy in place however, this required updating to reflect the updated requirements of the regulation as discussed under Regulation 11: Visits.

There were a small number of restraints in use in the centre and restrictive practices were risk-assessed and monitored.

Residents' families and friends were made welcome and were actively encouraged to be involved in the care of the residents.

Residents had access to nutritious meals and food was freshly cooked on the premises and was served from the main kitchen. Snacks and drinks were served throughout the day. Residents' had access to water and refreshments throughout the day of the inspection

Regulation 11: Visits

While there was a visiting policy in place, it had not been updated to include the process for access during an outbreak of a communicable disease, and epidemic or a pandemic and arrangements for residents to receive nominated support persons.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes. Food served to residents was wholesome, nutritious and appropriately served.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a sample reviewed, a small number of care plans did not provide evidence that they had been reviewed on a minimum four monthly basis.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were appropriate and detailed care plans in place which detailed residents' individual needs. A restraint-free environment was promoted in the centre, in line with local and national policy. Appropriate risk assessments were completed prior to the implementation of restrictive practices, and these were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

Staff who spoke with the inspector were able to give a good account of the types of abuse they needed to be alerted of and what to do if they witnessed such an incident or a resident raised a concern with them. Staff said that they were able to talk with the nurses or the person in charge if they had any concerns. At the time of this inspection, the provider was not a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and there were facilities for residents to participate in activities. Residents had access to daily newspapers, radio, television and the Internet.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lourdesville Nursing Home OSV-0000060

Inspection ID: MON-0041636

Date of inspection: 19/06/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> Complaint process has been addressed. Refer to Regulation 34: Complaints 34(2)(b),34(2)(c), 34(2)(d), 34(2)(e), 34(2)(f), 34(2)(g),34(2)(h), 34(6)(b)(1), 34(6)(b)ii,34(7)(a). Oxygen Cylinders: Has been addressed- New cage provided and installed. Shower Chairs: Shower commode chairs are in-situ, shower chairs have been purchased and installed. <p>The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> Statement of Purpose and Function have been revised & updated 12.08.2025, Copy sent to HIQA Registration. 	

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Regulation 34 Complaints – 34(2)(b) The Register Provider ensures all complaints are investigated immediately, and brought to a conclusion within 30 days of receipt of the complaint no later.</p> <p>34(2)(c): A system is in place where the Provider will issue a written response informing the complainant their complaint has been upheld the reason for this will become apparent after a thorough investigation.</p> <p>34(2)(d): A review officer has been appointed within the centre.</p> <p>34(2)(e): The PIC interfaces with the Review Officer to assure that a satisfactory outcome is achieved within the required time frame 20days.</p> <p>34(2)(f): The PIC will provide to the complainant in writing a detailed outcome of the review.</p> <p>34(2)(g): A system is in place for a written response to be provided to the complainant informing them of the time frame in resolving their complaint and advising them should there be any delay in the time frame they will be advised in writing the reason for this.</p> <p>34(2)(h): A nominated person has been appointed to act as an independent assessor of the grievance issue.</p> <p>34(6)(b)(1): The Register Provider shall ensure that a general report will be included in the Annual Review Report outlining the use of independent advocacy services,</p> <p>34(6)(b)(ii): The Register Provider shall ensure included in the Annual Review Report a general report on complaints received, reviewed, conducted and outcome as referred to in Part 7.</p> <p>34(7)(a): The Registered Provider in the Centre has two nominated Review/ Complaint Officers fully experienced in procedures in relation to complaints as required by Regulation 34 (a)(b)</p> <p>The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>Regulation 11: 11(1)(ii) • Visiting Policy has been revised and updated to reflect the amendment in relation to the process for access to the centre daily during an outbreak or pandemic situation. Refer to SOP – Visiting arrangements – Visiting Policy.</p> <p>Regulation 11 (1)(iii):</p>	

▪ The Register Provider of the Centre has a written policy (at reception) to include arrangements for residents to receive a nominated person from within or outside of the family. Refer to:- Residents Guide, SOP, Visiting Policy.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Regulation 5:

▪ All Care Plan systems have been reviewed and updated.

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 11(1)(ii)	The registered provider shall ensure that the designated centre has a written policy, to include the process for access during an outbreak of a communicable disease, and epidemic or a pandemic.	Substantially Compliant	Yellow	12/08/2025
Regulation 11(1)(iii)	The registered provider shall ensure that the designated centre has a written policy, to include the process for arrangements for residents to receive nominated support persons.	Substantially Compliant	Yellow	12/08/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Substantially Compliant	Yellow	24/07/2025

	appropriate, consistent and effectively monitored.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	13/08/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Not Compliant	Orange	12/08/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Not Compliant	Orange	12/08/2025
Regulation 34(2)(d)	The registered provider shall ensure that the	Not Compliant	Orange	12/08/2025

	complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).			
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Not Compliant	Orange	12/08/2025
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Not Compliant	Orange	12/08/2025
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as	Not Compliant	Orange	12/08/2025

	appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.			
Regulation 34(2)(h)	The registered provider shall ensure that the complaints procedure provides for the persons nominated under paragraph (a) and (d) should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident.	Not Compliant	Orange	12/08/2025
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Not Compliant	Orange	12/08/2025
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is	Not Compliant	Orange	12/08/2025

	provided on complaints received, including reviews conducted.			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Not Compliant	Orange	12/08/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	11/08/2025