Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Lawson House Nursing Home</th>
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<tr>
<td>Name of provider:</td>
<td>Lawson House Nursing Home Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Knockrathkyle, Glenbrien, Enniscorthy, Wexford</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28 January 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000244</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0022767</td>
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About the designated centre

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

Lawson House Nursing Home is a single storey, purpose built nursing home which was opened in 1996 and had most recently been extended in 2011. It can accommodate up to 65 residents and the accommodation consists of 57 single bedrooms with ensuite facilities of shower, toilet and wash hand basin, six single bedrooms with shared bathroom inclusive of shower, toilet and wash hand basin and two single bedrooms with a wash hand basin. The external grounds were adequately maintained and residents had free access to a safe secure garden. There are multiple communal rooms strategically situated throughout the centre for resident use. The provider is a limited company called Lawson House Nursing Home Ltd. The centre is located in rural setting close to the village of Glenbrien, near Enniscorthy, Co Wexford.

The centre provides care and support for both female and male adult residents aged 18 years and over. Care is provided for residents requiring varying levels of dependency from low dependency up to maximum dependency care needs. The centre provides care for long term residential, respite and, convalescence care, for people with cognitive impairment, such as, those living with a dementia. The centre does not accept admissions of residents under 18 years of age, residents with an active tracheostomy or residents with severe challenging behaviours. Pre-admission assessments are completed to assess a potential resident’s needs. Following information supplied by the resident, family, and or the acute hospital, arrangements are made to ensure that all the necessary equipment, knowledge and competency are available to meet the individual needs, and admission date is then arranged. The centre currently employs approximately 73 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 55 |
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:

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<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>Tuesday 28 January 2020</td>
<td>09:40hrs to 18:30hrs</td>
<td>Margo O'Neill</td>
<td>Lead</td>
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<tr>
<td>Wednesday 29 January 2020</td>
<td>08:00hrs to 15:30hrs</td>
<td>Margo O'Neill</td>
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### What residents told us and what inspectors observed

Over the two day inspection many residents took the opportunity to speak with the inspector to give feedback on their experience of living in the centre. The inspector received 16 completed pre-inspection questionnaires that were distributed to residents prior to the inspection on behalf of the Chief Inspector of Social Services. This feedback and what the inspector observed will be discussed in this section.

Overall residents were very satisfied with the service and the care provided to them in Lawson House Nursing Home, with one resident reporting that they had 'a lovely life' in the centre. Residents reported having made great friendships in the centre with other residents. Some residents reported how they had been taught a craft by other residents or that they received help with things like filling their bird feeders or watering their plants from residents who would call to their room on a daily basis for a chat. There was a strong sense of community and comradery in the centre.

The residents reported that the centre was comfortable, warm and clean. All residents who spoke with the inspector were happy with their bedrooms, the storage provided to them and the facilities in the centre. The inspector observed many of the residents' bedrooms had been personalised and decorated with photos, paintings, ornaments and other interesting pieces of art work and craft.

Residents laundry was attended to in the centre and residents reported they were satisfied with these arrangements and the timeliness with which their clothes were returned. The inspector observed that residents clothes looked clean and well cared for.

Residents feedback on the food in the centre was positive and residents reported that they enjoyed the choice of food on offer. The inspector observed that food was presently attractively and that meal time was a social occasion for residents who were observed chatting and enjoying their meals together.

Over the inspection the inspector observed visitors coming an going to the centre at different times of the day. The inspector observed visitors being welcomed by staff who knew them well. Residents and visitors confirmed that there was always a warm welcome when visiting.

Residents who spoke with the inspector were happy with the activities offered in the centre. Some of their favourites included the following: 'Keep-fit' sessions, coffee mornings, arts and crafts, facials and manicures, musical bingo, gardening, garden walks with staff and live music. The inspector observed arts and crafts hanging in residents rooms that were made by other residents in the centre. These pieces had been framed and sold as part of an initiative in the centre and monies generated went towards outings and other resources for residents, such as the centre's new robotic 'pet' cat and dog. Residents proudly displayed knitted
snowmen decorations that had been made in the centre by other residents and donated to their Christmas craft fair. The inspector also observed colourful knitted adornments and covering on pieces of furniture in the centre.

Residents also reported that they enjoyed the centre's cinema room; this room was covered with interesting wall paper that displayed images of movie stars from the 1940s to 1970s. One resident informed the inspector of their love for film and enjoyed the regular movie shows organised for the residents. Another resident invited the inspector to see a room that they used specifically for practicing their musical instruments and for making large complicated jigsaw puzzles without interruption. There was also a games room, equipped with a pool table, air hockey table and other games. Two residents informed the inspector of an ongoing pool championship between some residents and staff members which they were enjoying.

The inspector observed a room specifically designated for relaxation in the centre. This sensory room contained two wall murals of attractive nature scenes, soft music playing and a light projection of clouds and sky onto another wall. The person in charge informed the inspector that this is where residents could come and relax, have one-to-one sonas sessions and have their nails painted or a facial if they wished.

There were regular 'take-out' nights organised in the centre. On these occasions, fish and chips were ordered in from a local business for residents to enjoy. During the summer months for celebrations and parties a BBQ located in the centre's central courtyard was used. The inspector was also informed of regular coffee mornings held and of the musicians who came to the centre on a monthly basis to play live music.

A local men's shed group attended the centre regularly to play skittles and carry out demonstrations of woodwork or other skills. Groups of pre-school children visited the centre several times throughout the year providing opportunities for inter-generational friendships and community connections. There were also arrangements in place for a local community-link bus to come to the centre to transport residents to the local town. Other residents enjoyed weekly trips to the local church to celebrated Mass.

There were several annual outings organised for the residents to participate in and enjoy such as trips to Rosslare and the seaside, an outing to the local garden centre for breakfast and a trip to a local petting farm. One residents reported they enjoyed these trips and wished they were more frequent.

All residents who spoke with the inspector reported that their choices on how to spend their day and the activities they choose to partake in were respected by staff. Residents reported that they felt cared for and supported in the centre with many residents remarking that staff were 'kind' 'respectful' and 'caring'. The inspector observed on both days that staff and resident interactions were person centred and kind. One resident's family described the person in charge in particular as an 'angel without wings' and that she was 'very approachable, kind and caring'.


Residents who spoke to the inspector reported that they were aware of how to make a complaint or raise a concern and that staff were very approachable and prompt in their response to address any issues for residents. All residents who spoke to the inspector felt safe and respected in the centre.

**Capacity and capability**

The inspection was an announced two day inspection to monitor ongoing compliance with the regulations and standards. The inspector followed up on notifications and unsolicited information received by the Chief Inspector of Social Services since the last inspection in May 2018. Five actions from the last inspection to bring the centre into compliance with the regulations were followed up by the inspector and found to have been completed. The inspector’s findings are discussed throughout the report.

There was a clearly defined management structure in the centre, and staff spoken with were clear of their role. The management systems in place to review the quality and safety of the service being provided were effective and there was evidence of ongoing quality improvement and learning.

There were sufficient numbers of staff in the centre who had appropriate skills and knowledge to meet residents’ needs. Staff were appropriately supervised and supported to attend mandatory and professional development training. There was low staff turnover and staff who spoke with the inspector said they were well supported by the person in charge and senior staff. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Records maintained in the centre were examined by the inspector and records of fire evacuation drills required some further detail to accurately reflect the simulated drills completed, to highlight improvements required and learning identified. There was up-to-date insurance cover in place.

There was a low number of complaints received in the centre and those that were received were recorded as required by the regulations and dealt with according to the centre’s policy and in a timely fashion. Residents who spoke to the inspector said they would be happy to raise issues with any member of staff who they remarked were approachable and responsive to their concerns.

**Regulation 15: Staffing**

There were sufficient numbers of staff working to meet the individual and collective needs of the residents living in the centre. There was a minimum of two staff nurses
on duty at all times. The inspector observed that staff were skilled when providing care and support to residents and were knowledgeable regarding the needs of residents. All residents who spoke with the inspector reported they were attended to in a timely way. The inspector observed that staff interactions with residents were kind, respectful and person-centred in nature. Residents and relatives reported to the inspector that staff working in the centre were 'so kind' and 'very caring'.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector examined staff training records; all staff had been facilitated to attend and complete mandatory training. Management also supported and facilitated staff to attend training to support their professional development. Needs of residents informed the training needs of staff and annual appraisals were completed by the person in charge with all staff. Staff reported to the inspector they felt supported by the person in charge and other members of the team and reported they enjoyed and worked well as a team.

There was a robust recruitment and induction process in place for all new staff. The person in charge and senior nursing staff ensured staff were well-supervised according to their role.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed four staff files; these contained all necessary information as outlined by Schedule 2 of the regulations including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Daily nursing records were maintained and contained detail of the residents' health and wellbeing.

The centre had a restraint register that detailed information regarding physical and chemical restraints in use; further detail regarding the use of wander tag alarms, locked external doors and withholding of cigarettes from residents assessed as not safe to retain them themselves also required adding to the register. The management undertook to amend the register immediately.

Fire drill records maintained in the centre required some improvements to include:

- identification of the compartment that had been evacuated during the simulated fire evacuation drill
- the number of residents evacuated during the simulated evacuation and
descriptions of residents' dependency needs and support required for the evacuation and supervision following the evacuation.

- the number of staff involved so that records accurately reflected the actual number of staff on duty during both day and night shifts.

Judgment: Substantially compliant

Regulation 22: Insurance

The inspector reviewed confirmation of up-to-date insurance to cover injury to residents or loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust governance and management structure in place in the centre. The registered provider, who was also the person in charge, was very experienced and had spent many years carrying on the business of a designated centre for older persons. The person in charge was supported by the support service manager who worked in the centre on a daily basis and by two assistant directors of nurses who were appropriately experienced to support the person in charge in her role.

There was a proactive and positive approach to continuous quality improvement and safety in the centre. The management systems in place to monitor the quality and safety of the service were robust. Actions plans were developed when areas for improvement were identified. Accidents, incidents and near misses occurring in the centre involving residents were reviewed, analysed and action plans were developed and implemented. Learning was identified and communicated to staff through handovers and with flash multidisciplinary team meetings to reduce the risk of incidents reoccurring.

Residents feedback was valued by the management and informed change and ongoing improvements. Residents were consulted on the running of the centre through regular residents meetings and surveys carried out for their feedback. There was a comprehensive annual review for 2019 completed.

Judgment: Compliant

Regulation 3: Statement of purpose
The centre's statement of purpose had recently been updated and was found to contain all required information as stated in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013.

Judgment: Compliant

**Regulation 30: Volunteers**

There were no volunteers involved in the centre at the time of the inspection. The person in charge was aware of the requirements of the regulations if this were to change in future.

Judgment: Compliant

**Regulation 31: Notification of incidents**

The inspector examined a record of all accidents, near-misses and incidents involving residents that was maintained in the centre. The person in charge submitted all notifications as described by the regulations to the Chief Inspector within the timescales specified.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There was an up-to-date complaints policy and procedure in place to inform the management of all concerns and issues raised. Information regarding how to make a complaint was located throughout the centre, to inform residents, relatives and visitors.

The management in the centre looked on complaints received as an opportunity for quality improvement and learning. There was a complaints log maintained in the centre and records were maintained as required by the regulations. There was a low level of complaints received in the centre however of the complaints that had been received these were managed sensitively and resulted in prompt corrective actions when required. There were arrangements in place for residents to access advocacy services as required and the Ombudsman's details were displayed in the centre.

Judgment: Compliant
Regulation 4: Written policies and procedures

The inspector was provided with all policies and procedures, as outlined by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within these policies reflected best practice information.

Judgment: Compliant

Quality and safety

Overall residents’ health and nursing needs were met to a meaningful standard and the inspector found that residents enjoyed a good quality of life in the centre. Each resident’s healthcare needs were assessed and informed a comprehensive person-centred care plan that contained person-centred details. There were arrangements in place to ensure that residents had timely access to medical professionals and all health and social care professionals as required.

The centre was visibly clean throughout and was maintained and decorated to a good standard with lots of interesting items, pictures and themed rooms throughout. All residents were accommodated on the ground floor of the premises. Bedrooms were bright, homely and residents were encouraged to personalise the décor. There was sufficient space for residents' possessions.

The residents were supported to enjoy a meaningful life and there was a good variety of group and one-to-one activities provided. The activity programme included a number of group outings organised by staff, events organised with residents and regular visits by local organisations and groups to the centre. There were one-to-one activities such as hand massage, facials, quizzes, nail painting and so on for residents. Residents were encouraged and supported to optimise their independence where possible and had free access to a safe outdoor courtyard.

Residents’ feedback and opinions were valued by the provider and residents were provided with opportunities to participate in the running of the centre with regular residents meetings and surveys. There were flexible arrangements in place for residents to receive their visitors and a number of rooms for residents and relatives to meet in private.

The inspector observed that staff had developed good relationships with residents and were committed to providing a high standard of care and support. Staff informed the inspector they were aware of their responsibilities regarding safeguarding of residents and to report any concerns. Residents reported to the
inspector that they felt safe and spoke very positively regarding the management and care team.

There was an up-to-date policy to inform risk management and the management team had measures and procedures in place to ensure residents health and safety needs were met. Infection prevention and control practices and procedures were consistent with the National Standards for infection prevention and control in community services.

There was a policy and procedures in place to ensure residents were protected from the risk of fire. There were regular fire evacuation drills simulated in the centre to test the evacuation procedures. Records of evacuation drills did not indicate, however, that a whole compartment evacuation drills had been simulated. Further assurances were sought and received by the inspector, in the days following the inspection, regarding the arrangements in place to ensure that large compartments could be safely evacuated by night time staffing levels within a safe time frame.

Regulation 10: Communication difficulties

The inspector noted that, where appropriate, residents' communication needs were recorded in their care plan. Appropriate interventions were provided to residents such as pictorial communication boards, hearing aids and so forth; these were listed in the residents' care plans. Residents had access to telephones, email and other IT modes of communication with relatives and friends as required.

Judgment: Compliant

Regulation 11: Visits

There was an open visiting policy in the centre with the exception of meal times. Visitors who spoke to the inspector said they were very grateful for the flexibility as it allowed them to visit whenever they could. They also commented that they always received a warm welcome in the centre. The inspector saw visitors attending the centre at various times throughout the inspection. There were a number of comfortable and pleasant sitting areas and rooms throughout the centre for residents to use when receiving their visitors. The inspector observed visitors being welcomed by staff who knew them well and vice versa.

Judgment: Compliant
Regulation 12: Personal possessions

Residents laundry was attended to within the centre. The inspector visited the laundry which was spacious, organised and well-equipped. There was an effective discreet labelling system in place for the safe return of residents’ clothes. Residents' bedrooms were well maintained, personalised and had sufficient storage.

There were arrangements in place for residents valuables to be safely secured in the centre. All residents' bedrooms had a lockable space available to them. Small sums of monies or valuables were safely maintained for residents who requested this; records were maintained, transactions were transparent and balances checked by the inspector were correct. The registered provider did not act as a pension agent.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the individual and collective needs of the residents living there. The centre was found to be warm, well maintained, clean and comfortably decorated and furnished. All accommodation for residents was located on the ground floor of the centre, all bedrooms were an adequate size and furnished in accordance with the regulations. Residents were supported and encouraged to decorate their rooms to reflect their personalities and tastes. Residents who spoke to the inspector were very satisfied with their living arrangements.

There was a link circulating corridor that connected all wings of the centre; handrails were provided throughout the centre to provide support and facilitate residents to independently move around the centre. Seating areas were available along the wide link corridor that provided residents with additional spaces to sit and relax or rest as required. There was a safe central courtyard that residents could access freely. The courtyard was nicely landscaped and contained raised planter boxes, a gazebo for shelter and sitting areas for residents and visitors to enjoy. The inspector also observed potted flowers coming into bloom that residents had planted.

The dining room, kitchen, cinema, activities resource rooms, offices, sensory room, a fully equipped smoking room, visitors room, 13 single bedrooms and staff room were located in the original part of the building. Of the 13 single bedrooms in the original part of the building, five bedrooms had ensuite facilities with a shower, toilet and wash hand basin, six bedrooms had a shared bathroom with a shower, toilet and wash hand basin and two single bedrooms had wash hand basin facilities. There were sufficient numbers of communal toilets and communal bathing facilities. There was also a bath in the centre; this bathing facility was fitted with a ceiling mounted hoist to facilitate access for all residents.
The remaining 52 single bedrooms with full ensuite facilities were in the new part of the building. Also located here was a large central communal sitting room, a hairdressers' salon fitted with standing hair dryers, a large reception area, a library room, a large well organised laundry, an oratory, a games room and a staff training room.

There was sufficient designated storage in the centre for equipment and there were service level agreements for the servicing of equipment in the centre. All actions identified on the last inspection had been completed.

**Judgment:** Compliant

### Regulation 18: Food and nutrition

Residents reported they were satisfied with the food provided to them in the centre. The inspector observed that mealtimes were a social occasion; residents were observed chatting and enjoying their meals. Residents were offered sufficient choice of food and support provided from staff was discrete and patient. The chef informed the inspector that alternative meal options were also always available for residents.

The daily menu was displayed in the dining area and circulating halls; this was also communicated by staff to residents to assist them with making informed choices. The inspector observed that there was access to a safe supply of drinking water and refreshments at all times for residents.

There were systems in place to monitor residents at risk of malnutrition and to ensure that residents received correct meals as recommended by the speech and language therapist and dietitian. Special requirements and diets were communicated to catering staff. The chef who spoke with the inspector outlined efforts to ensure residents were provided with appetising food that met their individual preferences and needs. For example, individual desserts for residents who required modified consistency diets had been prepared and presented in attractive glassware.

**Judgment:** Compliant

### Regulation 25: Temporary absence or discharge of residents

Arrangements were in place to communicate all relevant information regarding residents' transfer or discharge to hospitals, other care settings or back into their community. There were records maintained of the effort made to retrieve all relevant information when residents were returned to the centre.
Judgment: Compliant

### Regulation 26: Risk management

The actions from the last inspection were found to be complete. Hand rails had been installed at the main entrance and at the entrance to the enclosed garden to support residents when accessing these areas of the centre. The inspector also followed up on risk assessments completed and procedures in place to direct staff when supporting residents requiring enteric (PEG) feeding.

There was an up-to-date risk management policy and procedure to inform and direct staff in the centre; the policy detailed the five specified risks as required by regulation 26. The centre had a comprehensive risk register that detailed the risks identified, risk ratings, the controls implemented, owner of each risk and due date for review. There was an emergency policy in place and a comprehensive evacuation procedure and process. Appropriate arrangements for alternative accommodation for residents in event of an emergency were also in place.

Management comprehensively reviewed incidents, near misses and accidents that occurred in the centre. Action plans were formulated to mitigate ongoing risk and to ensure learning and continuous quality improvement in the centre. Learning was conveyed to staff through daily handovers and through memo style notices which staff signed to evidence they had read and understood the content.

Judgment: Compliant

### Regulation 27: Infection control

The inspector followed up on the action from the last inspection and found that this had been addressed. Each resident requiring a sling for moving and handling purposes in the centre now had an individual sling assigned to them on admission or when the need occurred. There was a policy informing infection prevention and control procedures in the centre. Hand hygiene dispensers were located at convenient locations throughout the centre and the inspector observed staff using these to ensure effective hand hygiene precautions.

There were good practices in place to support antimicrobial stewardship. There were arrangements in place to ensure that antimicrobial medications were appropriately prescribed to maximise clinical cure. Residents who had symptoms of infections were prescribed antimicrobial therapy when laboratory test results were received and specific laboratory selection had been determined.
Judgment: Compliant

**Regulation 28: Fire precautions**

There was an up-to-date policy and procedure to protect residents from risk of fire in the centre. An individual evacuation needs assessment was completed for all residents; this was used to detail a personal emergency evacuation plan (PEEP) to inform staff of each resident’s evacuation needs as appropriate. The PEEPs were easily accessible to staff in the event of a fire.

There were regular emergency evacuation drills simulated in the centre to test the evacuation procedures in place during day and night time conditions and to ensure staff were familiar with the procedures. However records of evacuation drills did not indicate that a whole compartment evacuation drill had been simulated. This was discussed with the provider who undertook to complete this for the largest compartments in the centre. The largest compartment has capacity for eight residents. Assurances were received by the chief inspector in the days following the inspection that compartments with capacity for eight residents could be safely evacuated by night time staffing levels within a safe time frame.

All staff were facilitated to attend annual fire safety training, this included training in the use of ski pads and evacuation mats. Staff who spoke with the inspector were very clear on the actions required when responding to a fire in the centre and the evacuation procedures.

The centre’s fire alarm was sounded on a weekly basis to ensure it was operational at all times. Quarterly and annual servicing of emergency fire equipment by a suitably qualified competent person was up-to-date. Fire fighting equipment was located throughout the building and there were records of annual inspection and servicing of this equipment.

Emergency evacuation procedures were displayed, however, these needed updating to include each fire compartment clearly. Emergency exits were clearly displayed and free of any obstruction. Daily and weekly fire safety equipment checking procedures were completed and records maintained. There were some gaps noted in the daily safety checks for fire exits. Furthermore the inspector noted that a fire door required maintenance to ensure that it closed and latched fully. A review of fire doors was undertaken by the management and maintenance team immediately.

Judgment: Substantially compliant

**Regulation 5: Individual assessment and care plan**

A pre-admission assessment was carried out as part of the centre’s admission
process to ensure that prospective new residents' needs could be met by the service. On admission each resident had a comprehensive assessment of their needs completed; this was informed by a variety of validated assessment tools. The assessment process included assessment of each resident’s risk of falling, communication needs, malnutrition, pressure related skin damage and their mobility support needs among others.

These assessments informed a detailed and person-centred personal care plan that clearly described each resident’s preferences regarding their care. Additional care plans detailed the interventions staff should take to ensure residents’ health needs were met such as care plans to support residents with responsive behaviours. Staff maintained records of the consultation process with residents, or their family if appropriate, regarding any changes needed to care plans.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a general practitioner (GP) of their choice and other medical and allied health professional services as necessary. Residents in the centre were cared for by GPs who visited the centre on a weekly basis and there was also access to out of hours medical services. The provider had in place a secure IT system to correspond and liaise with GPs in a timely fashion.

There was timely access to psychiatry of later life consultants and community psychiatric nursing expertise. Occupational therapy, physiotherapy, speech and language therapy, chiropody, dental and optical services were available to residents as necessary. The provider had also arranged for a physiotherapist to attend the centre every week to provide one-to-one assessments and input for residents identified as having a high risk of falling.

Residents with needs requiring input by community dietitian and tissue viability nursing expertise services were appropriately referred. The provider also had arrangements in place to ensure there was no delay in residents accessing these services. Community palliative care services were available to residents as appropriate. Residents were supported to attend outpatients appointments and given opportunity and supported to access national health screening programmes and seasonal vaccines from their GPs who attended the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging
Efforts were ongoing by the management and senior staff in the centre to reduce the use of restrictive practice and a minimum restraint environment was promoted through ongoing education and raising awareness. The inspector saw documentation was in place that confirmed assessment of need for full-length bedrails and details of alternatives trialled. Safety assessments were completed to ensure bedrails were safe for residents to use prior to implementation and safety release schedules were adhered to while in use.

Very few residents living with dementia in the centre were identified as having regular episodes of responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector noted that residents' with responsive behaviours were well-managed by staff who implemented supportive de-escalation strategies as directed by person-centred care plans. The registered provider facilitated staff to attend training in managing responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to ensure residents were safeguarded and protected from abuse. Staff had completed training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with the inspector were knowledgeable regarding the different forms of abuse and how signs of abuse might present. Staff also clearly articulated to the inspector their responsibility to report any concerns, suspicions or disclosures received. The inspector observed that all interactions between staff and residents were respectful, warm, courteous and kind. All residents who spoke to the inspector reported they felt safe and secure in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to choice, dignity and privacy were respected and supported in the centre. Residents had autonomy to make individual choices and to retain control over their daily life and activities as they wished. The inspector observed that staff interactions with residents were respectful, kind and person centred. Residents' right to privacy was promoted and the inspector observed staff knocking on residents' bedroom doors and gaining consent before entering. Staff were observed to offer discrete care and support to residents throughout the inspection. Further measures in place to ensure privacy was maintained was the reflective glass on the external
aspect of all bedroom windows. This protected residents' privacy from those passing by or those who were outside enjoying the external grounds.

Residents were regularly consulted to gain their input into the running of the organisation. There were records of regular resident meetings held and residents feedback surveys completed. Informal feedback was also received from residents by staff and management. This information was used to inform change and improvements in the centre.

There was a varied programme of recreational and occupational activities and opportunities for residents of all abilities. Residents reported to the inspector they were happy with the activities provided in the centre. Residents had access to televisions, radio, telephones, IT communications and newspapers. There were arrangements in place to support and respect residents' religious and civil rights.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
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<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents’ rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 21: Records:

1. Identify compartment to be evacuated
2. Number of Resident's evacuated / simulated
3. Number of Staff involved
4. Dependency needs of the Resident's involved in the evacuation and the supervision required following compartment evacuated.
5. Future drills will comprise a mix of both day time and night time staffing levels and will include a simulated compartment evacuation.

| Regulation 28: Fire precautions | Substantially Compliant |

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

1. Daily fire exit checks will be carried out by Housekeeping staff. These checklists will be audited and signed off weekly by the Support Services Manager/Maintenance.
2. Fire compartments are now clearly marked on all evacuation drawings.
3. Fire door latch mechanism replaced and checked for correct closing operation.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21(4)</td>
<td>Records kept in accordance with this section and set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4, shall be retained for a period of not less than 4 years from the date of their making.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>20/02/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(c)(i)</td>
<td>The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>20/02/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>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</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>20/02/2020</td>
</tr>
</tbody>
</table>
reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.