<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Lazerian’s House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000556</td>
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<tr>
<td>Centre address:</td>
<td>Royal Oak Road, Bagenstown, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 972 1146</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:stlazerians@eircom.net">stlazerians@eircom.net</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St. Lazerian's House Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John McCabe</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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<tr>
<td>Support inspector(s):</td>
<td></td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<th>From</th>
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<tr>
<td>03 March 2015 10:00</td>
<td>03 March 2015 18:30</td>
</tr>
<tr>
<td>04 March 2015 08:45</td>
<td>04 March 2015 14:45</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report set out the findings of an announced re registration inspection of St. Lazerian’s House by the Health Information and Quality Authority’s Regulation Directorate that took place over two days on 03 March 2015 and 04 March 2015.

As part of the inspection the inspector met with residents, the provider, the person in charge, the nurse in charge, numerous staff members, day care attendees and relatives. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The centre is operated by a voluntary body. St Lazerian’s House describes its service
as a low dependency, supported care facility, which offers 24-hour personal and social care to 20 older people over 65 years of age from Bagenalstown and the surrounding areas. The person in charge is a nurse and works fulltime. A staff nurse works 18 hours per week to oversee clinical care of residents. Care staff are on duty on day and night shifts.

Day care services are also provided to older people on a weekly basis. People who attend the day centre are offered a program of social activities and they join residents for lunch as observed by the inspector. This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident.

The centre is currently registered and the registration is due to expire on 04 June 2015 and the provider had applied for renewal of registration. The commitment of the board and staff to the maintenance of the service which providing supported accommodation in a homely environment was evident.

A number of questionnaires from residents and relatives were returned to the inspector and the inspector spoke to a large number of the residents and a number of relatives during the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. The residents spoke about how they felt safe and very well cared for in the centre and stated that they could come and go as they pleased. Residents spoke of the very good food with plenty of choice. Residents and relatives comments are reflected throughout this report.

Overall, the inspector noted that a warm atmosphere prevailed in the centre. Residents told the inspector how happy they were. Staff exhibited an in-depth knowledge of the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. There was a good level of activity with numerous residents and visitors coming and going.

The inspector was satisfied that residents were provided with suitable and sufficient care taking account of their health and social care needs in a supportive community based environment. There was evidence of good governance with the person in charge and the provider engaged in the operation of the centre and direction of care practices.

The inspector found the premises, fittings and equipment were very clean and there was appropriate use of color and soft furnishings to create a homely environment. Residents had access to safe outdoor space which they used regularly. However the centre only had one bathroom which was not sufficient to meet the needs of the residents and wash hand basins were required in the sluice room and in one toilet.

The Action Plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The statement of purpose was found to meet the legislative requirements. It described the service and facilities provided in the centre. The ethos of this supported care was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose had been reviewed and updated to include the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre’s registration under Section 50 of the Health Act 2007.

The inspector observed that the statement of purpose was in an accessible format to residents and that it was implemented in practice.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

**Findings:**
St. Lazerian’s House is a voluntary centre operated by a board of directors. The board of directors oversee the organisational, financial and management of the centre. The chairperson of the board is the nominated provider for the centre who reports to the board. The board meet regularly and minutes of meetings were available. There are a number of sub-committees established which included policies and procedures, health and safety, finance and building project on which various board members sit on.

The statement of purpose describes the service as a low dependency, supported care facility, which offers 24-hour personal and social care to 20 older people over 65 years of age from Bagenalstown and the surrounding areas. Day care services are also provided two days per week to people in the local area. People who attend the day centre are offered a program of social activities and they join residents for lunch as observed by the inspector. This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident.

The person in charge reports to the provider and prepares and presents a regular report to the board. The management team is made of the nominated registered provider, the person in charge, a staff nurse works 18 hours per week to oversee clinical care of residents, an administrator and a community employment (CE) scheme supervisor who is responsible for the recruitment and on-going training needs of staff on the CE scheme.

The provider visits the centre on a regular basis and knew all the residents and their families. He meets with the person in charge on a formal basis to discuss ongoing management issues for the centre.

The person in charge holds regular meetings with the staff last meeting held on the 16 January 2015. Minutes of all these meetings were viewed by the inspector which demonstrated ongoing communication of relevant issues.

There were systems in place to assess the quality of life and safety of care. The inspector viewed audits completed by the person in charge and staff. Data was being collected on a number of key quality indicators such as medication management, infection control, health and safety and risk management, complaints, meals and mealtimes and privacy and dignity. There was also evidence of random observations of staff undertaking their daily work. There was evidence of ongoing improvements following the audit.

The inspector noted a residents' committee met regularly which is chaired by a member of the board and minutes of these meetings indicated actions were taken in response to issues identified, such as outings and activities. A resident survey was undertaken in December 2014 and there was generally very positive feedback from all. However there was no formal correlation of the results and overall findings.

Interviews were conducted with the provider nominee and person in charge during the
inspection and on previous inspections and they displayed a good knowledge of the standards and regulatory requirements in relation to their relevant roles. They demonstrated an ongoing willingness to be compliant with the regulations and the standards.

Judgment: Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme: Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.

Findings:
There was a policy on the provision of information to residents which included the residents’ guide. This guide was compliant with the regulations as it contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits. The residents guide was seen to be available throughout the centre.

The inspector viewed a sample of the contracts of care. Each resident has an agreed written contract which included details of the services to be provided for that resident and the fees to be charged. The contract also outlined items that were excluded from the fee.

Judgment: Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme: Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings:
The person in charge is a registered nurse and the inspectors saw evidence that she was currently registered with the relevant nursing professional body. She holds a degree in nursing, a certificate in gerontology, a certificate in care of the older person in a residential care setting, an advanced certificate in management and a diploma in dementia care as well as numerous other qualifications. Training records confirmed she had kept her clinical knowledge current and showed that she had attended numerous relevant training courses. She works full-time in the post and demonstrated knowledge of the residents and their clinical and social needs.

She was found to be an experienced nurse and manager who was involved in the day-to-day running of the centre and was found to be easily accessible and well known to residents, relatives and staff. The person in charge demonstrated sufficient knowledge to ensure suitable and safe care is provided to residents during inspection.

She displayed a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector formed the view that the person in charge was a suitably experienced nurse with authority, accountability and responsibility for the provision of the service.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed a sample of staff files and found that they contained all information required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector found that the systems in place for maintaining files and records was very well organised.
The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. However the medication policy did not include the practice of transcribing which is being used in the centre.

The directory of residents in the centre contained the information required by Schedule 3 of the Regulations for all residents.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Overall the inspector found that the records reviewed were maintained in a very organised manner so as to ensure completeness, accuracy and ease of retrieval.

**Judgment:**
Substantially Compliant

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**Outcome 06: Absence of the Person in charge**

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There had been no period of 28 days or more when the person in charge was absent from the centre and the provider demonstrated that he was aware of the obligation to inform the Chief Inspector if there is any proposed absence.

The person in charge is on-call at evenings and at weekends. She is supported in her role by a staff nurse who works in the centre for three days each week. The staff nurse also takes charge of the centre in the absence of the person in charge and for annual leave. The inspector was satisfied that there were suitable arrangements in place for the absence of the person in charge.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment

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Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspectors demonstrated a good understanding of elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspectors saw that elder abuse detection and prevention training was ongoing and training records confirmed staff had received this mandatory training in February 2015. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The inspector saw evidence of charges to residents which were appropriately receipted and there were no additional fees payable by residents. The centre does not hold money on behalf of residents for safekeeping. Residents manage their own finances. Inspectors saw that each resident had their own personal storage in their bedroom for same.

There was a policy on challenging behaviour and staff were provided with training in the centre on behaviours that challenge which was confirmed by staff and training records. There was evidence that residents who presented with any behaviour that challenged were referred to psychiatry of old age or other professionals for full review and follow up. The inspectors saw evidence of positive behavioural strategies and practices implemented to prevent behaviours that challenged.

There was a policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment and restraint would only be used in very emergency situations. The inspectors saw that restraint was not common place in the centre and not in use during the inspection.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support
**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a health and safety statement and risk management policy that had been reviewed and updated at the health and safety and infection control committee in August 2014. There was evidence of health and safety audits completed on a regular basis that included audits such as housekeeping, manual handling, fire safety, clinical waste and sharps, and outdoor environment. There was evidence of action in response to the audits such as the introduction of a cleaning schedule following an infection control audit.

There was an up-to-date risk management policy that outlined the control measures in place to address the risks identified including risks such as resident absent without leave, violence, aggression, self-harm, challenging behaviour and accidental injury to residents and staff. The policy didn’t address measures and actions in place to control abuse however this was rectified and included on day two of the inspection. There was a health and safety committee that met regularly and discussed issues such as fire safety, staffing, complaints, maintenance and accidents and incidents. There was an accident and incident log and there was evidence of actions in response to each incident. However, there was no overall review of accidents and incidents in order to identify trends.

There was an emergency plan that outlined the procedures to be followed in the event of emergencies such as fire, bad weather, loss of water and loss of power. There was an infection control policy in place. There were procedures in place for the prevention and control of infection. Hand gels, disposable gloves and aprons were appropriately located within the centre. Clinical waste and containers for used sharps and needles were stored in a secure manner and there was an arrangement in place for the collection of clinical waste. However the cleaning trolley was stored under the stairs and contained cleaning materials that were not locked away and could cause injury to residents.

There were procedures in place for the safe evacuation of residents in the event of a fire. Adequate signage was in place displaying the procedure to be followed in the event of a fire. There was a fire safety register that detailed the annual maintenance of fire safety equipment and lighting and the fire alarm was serviced quarterly. Records indicated that there were regular fire drills, the fire alarm was tested weekly and there were daily checks of means of escape. Training records indicated that all staff had received fire safety training in December 2014 and February 2015. Staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire and regular fire drills were undertaken. Emergency exits were seen to be free of obstruction on the days of inspection.

**Judgment:**
Non Compliant - Moderate
Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were centre-specific policies in place to support the practice of self-medication by all residents in the centre. Each resident had an assessment carried out by the person in charge to establish their capacity to self-medicate and the level of supervision required.

Medications were delivered to the centre from a local pharmacy in unit doses and were either delivered directly to residents or they were held by care staff in the treatment room depending on residents' preferences. The centre had a process in place to reconcile the medications prescribed with medications delivered which was seen by the inspector.

The person in charge carried out audits of medication management practices on a quarterly basis. The inspector saw that medication management training had been provided to staff involved in medication management on the 23 February 2015.

There was a centre-specific policy on medication management dated January 2015. The policy addressed the prescribing and administration of medications. The medication policy did not cover the practice of transcribing. The inspector noted that one of the residents prescriptions had been transcribed, although the person in charge says this is not a regular practice in the centre the practice of transcribing needs to be included in the policy the action for this is covered under outcome 5.

There were no controlled medications in use in the centre at the time of the inspection. Maximum dose over a twenty four period was documented for PRN (as required) medications. Medication identifiers were available to help identify medications in the case of a medication dropping or needing to be withheld.

Judgment:
Compliant
**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors saw that there was a comprehensive log of accidents and incidents that took place in the centre which but these were not the subject of audit as the person in charge said they occurred so infrequently but agreed to commence an audit on accidents occurring in the future.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have generally been reported in accordance with the requirements of the legislation. There were timely quarterly returns however there was an incident of an injury to a resident in December 2014 which required written notification within three days of accident which was not notified to the authority as required.

**Judgment:**
Non Compliant - Moderate

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents could generally retain the services of their own general practitioner (GP) and GP’s usually visited the residents in the centre but some residents went out to the GP surgery. Out of hours services were provided by the on call doctor. Residents were reviewed by their GP and had their medication reviewed on a three monthly basis.
The inspectors found that resident’s general healthcare needs were adequately met and monitored. Vital signs and weights were recorded monthly; blood sugar levels were recorded as required.

Overall residents were seen to be very well cared for and their health needs were met to a good standard. Residents were referred to allied health/specialist services such as dietetics, psychiatry, chiropody and dental, as appropriate and the inspector saw the referrals and reviews in the residents’ notes. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians. Residents were comprehensively assessed on admission and at regular intervals thereafter using evidence-based tools for issues such as dependency levels, falls risk and nutrition. Care plans were developed based on the assessments. The person in charge and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the person-centred care plans available for each resident. Generic notes were completed on a daily basis. There was evidence of residents or their representative’s involvement in the discussion, understanding and agreement to their care plan when reviewed or updated.

As the centre provided care for residents of low dependency there was a comprehensive protocol in place for the management of increasing dependency need and assessments undertaken for resident’s requirement to move to nursing care.

The inspector was satisfied that facilities were in place so that each resident’s well-being and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors. Residents and relatives said they were satisfied with the healthcare services provided.

Judgment:
Compliant

**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
St Lazerians House is a twenty bedded centre that provides care to low dependency residents. Residential accommodation comprises ten single bedrooms and five twin bedrooms. There was a large sitting room, a large day care room, a dining room, oratory and quiet room for residents use. The centre was bright, clean and appeared to be in a good state of repair on the days of inspection. There were appropriate pictures, furnishings and colour schemes. There was plenty of communal space and the design of the building allowed freedom of movement for residents to walk around and choice as to where they spend their time.

There was a smoking room in one of the outdoor areas which is also connected to the call-bell system. The furnishings were comfortable and suitable for resident’s use. Bedrooms were adequate in size, had suitable storage including lockable storage and were personalised with resident’s personal possessions. Corridors were wide and free of obstructions with hand rails throughout. There were an adequate number of toilets. However, one of the toilets did not have a wash-hand basin. There was only one bathroom that contained an assisted bath, assisted shower, toilet and wash-hand basin. The inspector was not satisfied that there were sufficient shower/bath facilities to meet the needs of all the residents. The person in charge told the inspector there were plans in place to create another bathroom in the centre and plans for same to be forwarded to the authority. There was a sluice room containing a bedpan washer and a sluice sink. However, there were no separate hand-washing facilities.

The staff facilities were upstairs on the first floor that included a changing area with lockers, a kitchenette and toilets. Records were available detailing the preventive maintenance of equipment such as a hoist and chair scales. There were large external gardens and pathways which were well maintained. Seating is provided there for residents and their visitors. There is ample parking space provided for residents, staff and visitors.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a written operational policy and procedure for making, handling and
investigating complaints from any person about any aspect of the care or service provided. The complaints procedure contained an independent appeals policy. The complaints procedure was on display in the main foyer and at other locations in the centre. The complaints log was viewed by inspector but it did not detail any complaints, the person in charge said that due to ongoing open communication she did not receive any complaints or dealt with issues and resolved them immediately preventing them becoming complaints. She demonstrated full knowledge of the necessity to document and investigate complaints if they occurred.

The inspectors spoke with numerous residents who confirmed they never had to make a complaint but said if they had to they would not hesitate as they found the person in charge and staff very approachable.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre caters for low dependency/independent residents and offers non nursing care. In the event that a resident’s dependency increases to a level where more than minimal assistance is required with activities of daily living, their transfer to alternative accommodation is required in liaison with the relevant health professionals.
At the time of inspection the inspector was informed that there were two residents receiving end-of-life care. A policy and operational procedures for end of life were in place dated March 2014 which had signed off by the board of management. There was a designated end of life information folder available for staff. The inspector saw evidence of staff reading and signing off their understanding of policies and procedures. Engagement with residents and their family members at end of life was described by the person in charge, medical and palliative care providers were available to residents and family as required. The inspector was informed that if a resident’s condition deteriorated rapidly and the resident wished to stay in the centre every effort would be made to facilitate and optimise the resident’s quality of life as they approached the end of their life which was evident on the days of the inspection.

On the previous inspection the inspector reviewed two care plans of deceased residents and saw that clinical decisions regarding care and treatment at the end of life were recorded, an end-of-life care plan detailing evidence that the resident’s wishes were
discussed, planned, recorded and reviewed accordingly had been completed and maintained for the residents. A consistent approach in recording end-of-life care and advanced care planning was maintained to include preferred religious, spiritual and cultural practices, physical and emotional needs, arrangements made and decisions taken after death. In both care plans viewed by the inspector it was noted that staff were always with residents as they approached the end of their life and following death. Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre. Residents also had the option of attending religious services in the local community if they wished. Residents had access to ministers from a range of religious denominations should these services be required.

The person in charge told the inspector that the issue of returning home for end of life care had never arisen. The inspector saw that in the sample of care plans reviewed that each resident had completed an advanced care plan which indicated that most residents wish to end their life in the centre as it was their home. The Health Service Executive (HSE) palliative care team offers guidance as required in respect of appropriate management of illness should the need arise. This service provides onsite visits and advice via telephone. The inspector also observed that there were transition documents available to support continuity of care between the hospitals and the centre.

Training records indicated that staff were in the process of training in end of life which was accredited to FETAC (Further Education Training Awards Council) Level 5. The person in charge and staff nurse were attending a course in palliative care provided by Milford Hospice. The inspector observed that in the event of sudden death training on cardiopulmonary resuscitation was provided for staff. There was an automated external defibrillator (AED) on site. The arrangements in place to support relatives following death were outlined in the policy and staff said that they ensured that where needed this information was made available. The inspector saw that an annual remembrance and tree planting ceremony had taken place in April 2014.

There was a policy procedure for the return of personal possessions. In the sample of care plans reviewed the inspector saw that each resident had up to date personal property records. The inspector was told that all belongings are recorded and returned following the death of a resident. The inspector observed that adequate space was available should it be required. The centre had 10 single bedrooms and five double rooms. The person in charge had recently purchased a fold up bed in the event of relatives requesting to stay overnight with their family member. Tea/coffee/snacks facilities were provided for relatives. Open visiting was facilitated as observed by the inspector.

**Judgment:** Compliant
Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector observed mealtimes including breakfast, mid morning refreshments and lunch and tea time. Snacks and hot and cold drinks and fresh drinking water were readily available throughout the day. There was a water dispenser available in the centre. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes.

Given the low dependency of residents, none required assistance with eating or modified diet and the need for referral to allied health professionals in respect of food and nutrition had not arisen recently. Residents had access to regular general practitioner (GP) services. Access to other allied services such as speech and language therapy or dietician was provided through community based services. Access to diagnostic services was through the local hospital or outpatient department. Residents also had access to dental services and ophthalmology as evidenced in residents' care plans.

There were a range of well developed systems in place to ensure that residents had a good diet that was nutritionally balanced and provided in a manner that was appropriate to their needs. All residents had a nutritional assessment on admission and with information on their food preferences care plans for nutrition and hydration were drawn up. The cook told the inspector that since completion of the self assessment there was a formalised arrangement now in place to communicate any changes in dietary needs of residents. The inspector saw that records of all individual requirements of residents nutritional needs were also kept in the kitchen.

The inspector observed that no residents were taking nutritional supplements. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified. Of a sample of care plans reviewed by the inspector all contained records of relevant monitoring with regard to nutrition and weight. The inspector saw that nutritional assessments were reviewed on a three monthly basis by the nurse.

The inspector saw that where residents had any specialist needs related to swallowing, gaining or losing weight or variable eating patterns that care plans reflected the arrangements in place to meet their nutritional requirements. Residents with diabetes had a care plan guiding their care. The inspector noted information in residents' care plans.
plans regarding the recording of blood sugars and corresponding documentation of this information in residents' progress nursing notes.

Residents had the option of having their meals served in their room or in the dining room and at a time of their choosing. The inspector saw the service of the lunch time meal. It was evident throughout inspection that the residents were very familiar with the cook. There were two main course choices available at lunchtime and residents told the inspector that there were many different options available at tea time. The dining room was pleasant and inviting. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. The inspector joined residents during lunch. Residents spoken with at this time said that the food was “always good” and “tasty” and there was always choice available.

Staff had in-depth knowledge of residents’ likes and dislikes. A four weekly menu was in operation and the daily menu was displayed. The cooks stated that if a resident did not like what was on the menu, an alternative was always available. The cook told the inspector that relatives and friends would always be facilitated to dine with residents.

The inspector reviewed records of residents' meetings. It was evident from minutes of these meetings that residents were satisfied with the food and choices provided. The inspector saw that meals and mealtimes were a standing item on the agenda for all residents forum meetings. This was supported by the complaints log which did not include any concerns with regard to food. The inspector was satisfied that residents received a varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

The inspector was informed that meals were kept refrigerated for residents who may miss a mealtime on occasions. There was a comprehensive food and nutrition policy in place which was dated April 2013 and had been signed off by the board of management. The inspector saw that staff had read and signed off their understanding of the policy. It provided guidance for staff on varied aspects of nutrition such as nutritional assessments, monitoring and documentation of nutritional and hydration needs. There was a designated folder on nutrition available for staff.

The inspector noted that a nutritionist had recently assessed the menus and nutritional content of the food and noted that the menus were well balanced giving residents adequate nutritional intake. Audits on meals and mealtimes had also taken place in March and July 2014 completed by the nutritionist. Resident questionnaires in relation to food had also been completed. A sample viewed by the inspector indicated that residents were very happy with the food and choices provided.

Recent training that had been completed by staff in relation to nutrition included:
• FETAC Level 5 in nutrition
• management of swallowing problems
• food and nutrition policy and assessment tools.

**Judgment:**
Compliant
**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents were seen by the inspector to have significant choice in how they spent their time, in their daily routines, and had freedom to exercise choice in all aspects of their lives. They were able to leave and visit the local town, visit their relatives or homes as and when they wished. A number of residents had cars and still drove others went out with friends or family members. This was also confirmed by the residents who spoke with the inspector.

Residents were consulted about how the centre was planned and run through the residents’ committee. The meetings are chaired by a member of the board. The inspector viewed minutes from previous meetings with the last meeting held on the 18th of February 2015. Issues discussed included activities with one resident requesting an artist to provide art therapy and this was being sourced. Religious needs were also discussed and one resident requested rosary in the evening which is now being facilitated by a fellow resident. The residents also evaluated and reviewed all new activities and determined if they continues like an exercise programme that was seen in operation on the day of the inspection.

Satisfaction surveys by residents had been completed in relation to residents’ satisfaction with services provided in the centre. The inspector noted that the respondents to this survey reported significantly levels of satisfaction with the services provided. However there was no formal correlation of the results and the feedback of same to residents and relatives. The person in charge and staff met with residents on a daily basis and sought feedback. The inspector observed and residents reported that good relationships existed between staff and residents.

The inspector heard residents being addressed in an appropriate and respectful manner and residents said staff always treated them with kindness and respect. The inspector also observed residents’ privacy and dignity being respected and promoted by staff. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter.

The inspector met a number of visitors throughout the inspection. Residents and
relatives commended staff on how welcoming they were to all visitors and said they were frequently offered refreshments. There was also ample private space available for residents to meet with their visitors.

The inspector observed that residents had access to newspapers. There were televisions available in communal areas and in bedrooms if the residents wished. Notice boards featured notices on activities and local events.

The centre provided day care two days per week and this facilitated interaction between residents and members of the local community. Residents told the inspector they looked forward to day care days to meet people and get the local news. The inspector saw there were opportunities for residents to participate in activities that suited their needs, interests and capacities. A dedicated activities co-ordinator was available to the centre and staff members were also available to undertaking activities with the residents and day care attendees. They initiated and supervised a range of activities which the inspector saw ongoing during the inspection. Activities included music, art and craft, exercises, films, reading, garden walks and card games. Mass was also available weekly in the centre and daily prayers. As previously discussed the religious needs of other denominations were also facilitated. Residents also have access to an on-site oratory, chiropodist and hairdresser.

Judgment:
Compliant

**Outcome 17: Residents’ clothing and personal property and possessions**

*Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors saw, and residents confirmed, that they were encouraged to personalise their rooms. Residents’ bedrooms were comfortable and many were personalised with residents’ own furniture, pictures and photos. Plenty of storage space was provided for clothing and belongings and lockable space was also provided.

There was a policy on residents’ personal property and possessions and completed resident’s property lists were seen to be completed in resident’s notes.

The laundry which was external to the centre was seen by the inspector, it contained washing machines and dryers but it was small in size. Clean clothing were taken to a
separate room for ironing and sorting prior to their return to the residents. As discussed earlier it was difficult to ensure effect infection control with the current layout of the laundry. Residents said they were happy with the laundry facilities. Clothes were discreetly marked and residents reported that clothes generally did not go missing and were always returned to residents laundered and in a timely fashion.

**Judgment:**
Compliant

### Outcome 18: Suitable Staffing

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**
Workforce

### Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

St. Lazerian's accommodates low dependency residents and there is not a requirement for nursing staff to be present in the centre at all times. The person in charge was an experienced nurse and works Monday to Friday and is on-call at nights and weekends. There was also a staff nurse that works three days each week and is also on call in the absence of the person in charge. There was a care assistant on duty at all times during the day and night. Additional staff employed in the centre included an administrator and a cook.

There were a number of staff working in the centre from the community employment scheme including a supervisor, activities coordinator, catering, cleaning, laundry and maintenance. The inspector interviewed the supervisor who was responsible for the recruitment, training and ongoing supervision of the community employment staff. Their staff records were seen and they were found to contain all the requirements of regulation and showed a good level of ongoing training including all mandatory training.

The inspector was satisfied that there were adequate staffing levels and skill mix to meet the needs of residents. There was evidence that staff were facilitated with ongoing training to support the provision of evidence-based practice such as infection control, medication management, wound management and challenging behaviour. All staff had received up-to-date mandatory training on abuse, fire and manual handling.
The inspector viewed a sample of personnel files that contained of the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity.

Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. There was evidence of good communication amongst staff with staff attending handover meetings. The inspector viewed minutes of regular staff meetings and noted that numerous relevant issues were discussed. Supervision of staff was ongoing with regular staff appraisals taking place.

**Judgment:**
Compliant

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Lazerian's House</th>
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<tr>
<td>Date of inspection:</td>
<td>03/03/2015</td>
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<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The medication policy did not include the practice of transcribing which is being used in the centre.

Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A paragraph on the Practice of Transcribing has been inserted into the Medication Management Policy

Proposed Timescale: 13/04/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The cleaning trolley was stored under the stairs and contained cleaning materials that were not locked away and could cause injury to residents.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
All staff have been notified to remove cleaning products from the trolley after use and store them in a locked stainless steel press in the cleaning room

Proposed Timescale: 13/04/2015

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A notification of serious injury to a resident had not been notified to the authority.

Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
Any serious injury to a resident will be reported to HIQA within 3 working days
Proposed Timescale: 20/04/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector was not satisfied that there were sufficient shower/bath facilities to meet the needs of all the residents and one of the toilets did not have a wash-hand basin. There were no separate hand-washing facilities in the sluice room..

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The HSE is currently reviewing all Supportive Care Homes in the South East to assess their requirements to comply with regulations, a bid for capital funding will then be sent to the Department of Health
Liam Keane Advisor to Ann Phelan TD is also working in partnership with all Supportive Care Homes, the HSE and Department of Health to secure funding to comply with HIQA standards
St Lazerian’s House are fundraising for the building to comply with HIQA standards, have plans drawn up and planning permission
An application for funding has gone to the National Lottery
If funding is secured by the end of 2015

Proposed Timescale: 31/12/2015