

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Lawson House Nursing Home
Centre ID:	OSV-0000244
Centre address:	Knockrathkyle, Glenbrien, Enniscorthy, Wexford.
Telephone number:	053 923 3945
Email address:	info@lawsonhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Lawson House Nursing Home Limited
Provider Nominee:	Christine Brett Moroz
Lead inspector:	Ide Cronin
Support inspector(s):	Mary O'Donnell
Type of inspection	Announced
Number of residents on the date of inspection:	53
Number of vacancies on the date of inspection:	12

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 1 day(s).

The inspection took place over the following dates and times

From: 22 March 2017 09:05 To: 22 March 2017 16:50

The table below sets out the outcomes that were inspected against on this inspection.

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

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. During the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, and risk management processes. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to

submit relevant documentation to the Health Information and Quality Authority (HIQA). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. A number of residents' and relatives' questionnaires were given to the inspectors during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and the facilities provided.

This inspection evidenced an improvement in quality of care and management systems. The management team demonstrated a clearer understanding of their responsibilities to the inspectors. The management teams were very involved in the daily operation of the centre. They had a visible presence in the centre and were observed to spend time with residents and their families. Staff were knowledgeable of residents and their abilities and responsive to their needs.

There was evidence of progress in many areas by the provider in implementing the required improvements identified at the last inspection. In particular improvements were noted in the overall governance and management of the centre. The management team facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with the legislation. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Overall, inspectors were satisfied that residents received a quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The Action Plan at the end of this report identifies some areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

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:

A written statement of purpose was available that described the service provided in the centre and contained all of the information required by Schedule 1 of the regulations. Copies of the document were available in the centre as observed by inspectors.

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):

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

Findings:

On the previous inspection it was found that there was not effective management systems in place to ensure that the service provided was safe and effectively monitored. It was also found that senior clinical staff including the person in charge worked in excess of standard full time working hours. These issues have now been rectified.

Management systems were in place to ensure that the service to be provided was safe, appropriate to residents' needs, consistent and effectively monitored. There was a system in place to conduct audits and reviews of the safety and quality of the service. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, for example sufficient staff were on duty to meet the needs of residents.

Two assistant directors of nursing (ADONs) had been recruited since the previous inspection. Fit person interviews were completed and both ADONs were found to have relevant experience and knowledge to fulfil their role. The assistant directors of nursing worked opposite each other and alternating weekends which ensured a senior management presence at all times in the centre. Staff were complimentary of the management structure and communication arrangements and were satisfied with the leadership shown and structured reporting arrangements. Suitable arrangements were put in place to support, develop and supervise staff.

The inspectors reviewed audits completed by the management team. Clinical data was collected and reviewed such as falls prevention, medication management and hand hygiene. An inspector observed that the falls prevention was trended and analysed. Some of the audits viewed included some learning and actions required to improve practice. However, the audits did not include the actions taken to address the problem identified, when the action was implemented or checked to determine effectiveness.

An annual review of the quality and safety of care delivered to residents was completed since the previous inspection to inform areas for improvement in 2017. Satisfaction surveys had been completed in 2016.

Management at all levels engaged with the residents on a daily basis to provide information and obtain feedback from residents as observed by inspectors. Residents were familiar with management arrangements. Interviews conducted with residents and relatives during the inspection were very positive in respect of the facilities and provision of services and care provided.

Judgment:
Substantially 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:

The inspectors read a sample of completed contracts and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

The inspectors read the Residents' Guide which was made available to residents and their families. It included the information required by the regulations.

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

Findings:
The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. There was a clearly defined management structure. The person in charge works on a full time basis and is supported by two assistant directors of nursing.

The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions and was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

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):

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

Findings:

There were systems in place to ensure that the records listed in Schedules 2, 3 and 4 of the regulations were maintained accurately, securely and were easily retrievable within the centre.

The inspector saw that general records as required under Schedule 4 of the regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records. A planned roster was in place.

All of the operational policies and procedures as required by Schedule 5 of the regulations were available and were reviewed on a regular basis and within the three timeframe as required by the regulations.

The inspector reviewed a sample of four staff files at the time of the inspection. They contained the necessary documents as specified in Schedule 2 of the regulations. The person in charge and administrator confirmed that all staff including volunteers working in the centre had Garda vetting in place.

There was a directory of residents as required by regulation available to record information as specified in Schedule 3 of the regulations. It was in accordance with legislation.

Judgment:

Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. Two assistant directors of nursing had been employed since the previous inspection. The inspectors engaged with the assistant directors of nursing throughout the inspection and found that they were aware of their responsibilities in relation to the regulations.

Judgment:

Compliant

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 is promoted.

Theme:

Safe care and support

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

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

Findings:

On the previous inspection it was found that there were no standardised assessment tools available to assess behaviours and staff had not received training in responsive behaviours. These action plans were completed on this inspection.

Measures were in place to protect residents from being harmed or suffering abuse. There was a current policy which provided guidance for staff on the various types of abuse, assessment, reporting and investigation of incidences. It also included how to report and manage incidents of elder abuse. The management team clearly demonstrated their knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies, including the Health Service Executive (HSE).

Staff confirmed and training records indicated that staff had attended training on the prevention, detection and response to abuse. Staff who spoke with an inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe in the centre.

There were policies in place on responsive behaviours ((how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the use of restrictive practices. Supporting assessment tools were available.

There was evidence that residents with dementia and responsive behaviours were appropriately referred and reviewed by specialist psychiatric services. Staff had received training in responsive behaviours. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. There was a consent and communication policy in place.

Restraints in use included bedrails and lapbelts. There was a restraint policy in place which was in line with national guidance. A risk assessment was completed prior to the use of the bedrails and lap belts to ensure it was safe to use. There was evidence of a proactive approach to minimising bedrail use with adequate monitoring and review. Most were in use at the request of the resident and/or as an enabler. Equipment such as low beds and floor (crash) mats had been used as an alternative prior to bedrails.

Management of a sample of residents' finances were reviewed as part of this inspection. The provider was an appointed agent for two residents who were unable to manage their financial affairs. The provider nominee was aware of her obligations as an appointed person and she discussed plans to provide additional safeguards to residents. Inspectors reviewed the current system and saw that all deposits and withdrawals were documented and balances checked were correct. The process was transparent as observed by an inspector. Arrangements were in place to ensure residents had access to their money at all times. Residents had a locked facility in their own bedrooms to secure their possessions and valuables.

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:

The health and safety of residents, visitors and staff was sufficiently promoted and protected.

Action plans to address non-compliances identified on the previous inspection had been completed. These related to gaps in the risk management policy, the absence of an emergency plan and fire drills.

Inspectors reviewed the risk register which identified hazards and risks that were assessed and rated with applied control measures.

Inspectors read the revised risk management policy and saw that it met regulatory requirements and now included arrangements for the identification, investigation and learning from serious incidents. Records examined showed that accidents or incidents were comprehensively documented and analysed to identify trends and inform continuous improvements.

For example the monthly report following a falls analysis, identified a reduction in the

number of falls and also the need for supervision in the day room especially in the evenings. Inspectors saw that there were staff present in the day room at all times. Staff and residents confirmed that that supervision in the evenings had improved. Accidents and incidents were standing agenda items at the monthly health and safety committee meetings. In addition each resident had a risk management plan to cover clinical issues such as epilepsy, diabetes, smoking and the risk of unexplained absence and a plan in place to mitigate any risks identified.

The health and safety statement had been revised in February 2017. Reasonable measures were in place to promote resident safety, and prevent accidents to persons in the centre and on the grounds.

There were arrangements in place for responding to emergencies. The emergency plan had been revised and now included information on the actions to be taken in the event of a major incident, power outage or flooding. Emergency contact numbers were available at the start of the document.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to hand washing facilities in rooms and hand sanitisers, gloves and aprons along corridors. Hand hygiene audits were undertaken and two senior staff were scheduled to attend infection prevention and control training in May 2017. Suitable arrangements were in place for the management and disposal of clinical waste.

Procedures for fire detection and prevention were found to be appropriate. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. Inspectors noted that the fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Fire drills were carried out on regular basis at various times of the day.

Fire procedures were prominently displayed throughout the building. Weekly fire alarm tests were carried out with checks of fire doors and escape routes completed regularly. Staff were trained in fire safety and those who spoke with the inspector confirmed this and were knowledgeable about fires safety and evacuation procedures.

Staff interviewed and records reviewed confirmed simulated fire drills had occurred, including a drill simulating evening and night time conditions. Records of fire drills identified the location, those involved the duration and equipment available or used and any learning from the exercise.

A personal emergency evacuation plan (PEEP) was developed for all residents which was held centrally and in each resident's bedroom. The PEEP took into account the number of staff required to evacuate the resident, any equipment required, the ideal means and route of evacuation and the location of the resident. Improvements to include the resident's cognitive status were discussed with the provider.

The training records confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist. Lifting equipment was serviced on a six monthly basis. Each resident had a personalised

manual handling plan which was reviewed every four months or more frequently if a resident's condition changes. Hand rails and grab rails were installed throughout the centre.

Judgment:
Compliant

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 written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The medication management policies provided guidance to staff across the range of medication practices.

It was noted at the previous inspection that the red ink was used and gaps identified in some charts made it impossible to discern if a medicine had actually been administered. Inspectors read a sample of completed prescription and administration records and saw that they were now in line with best practice guidelines.

Medicines that required strict control measures (MDAs) were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. An inspector checked the balances and found them to be correct.

Written evidence was available that three-monthly reviews were carried out. Inspectors saw that the pharmacist reviewed individual resident's prescriptions regularly and offered support and advice. The pharmacist was available to meet with residents if required. Inspectors saw that specific care plans had been developed for residents with complex medication needs, which included regular blood tests to inform titration dosages of specific medicines.

The pharmacist also undertook an audit of medication practices on a six monthly basis. There was evidence that action plans arising from these audits were implemented. However systems to ensure that improvements were sustained required improvement. For example the need to document the date when medicines were opened was an action arising from the previous audit. Inspectors found two ointments that were in use did not have the date when the product was opened documented.

A secure fridge was provided for medicines that required specific temperature control.

The temperature, which was monitored daily, was within acceptable limits on the days of inspection.

Judgment:
Substantially 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:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Where required any notification that was required to be submitted by the provider/ person in charge had been submitted to HIQA.

Judgment:
Compliant

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:

Non-compliances on the previous inspection related to a failure to create care plans to meet assessed needs and the involvement of residents in the development and review of care plans. Inspectors found that the action plans to address these issues were completed.

Inspectors found that each resident's wellbeing and welfare was maintained by an appropriate standard of nursing care, appropriate medical and allied health care. Physiotherapy was offered as part of the service. However, residents did not have timely access to community occupational therapy services and this impacted on some residents' welfare and quality of life.

Residents and families were invited to visit the centre in order to make an informed choice about coming to live there. The person in charge also undertook a pre-admission assessment to ensure that the centre could meet the needs of each resident.

Inspectors saw that each resident had a nursing assessment on admission and a risk assessment for clinical issues such as the risk of malnutrition, skin integrity and falls. These assessments were repeated every four months and care plans were created and revised accordingly.

Inspectors saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. In each care plan viewed there was evidence of resident/relative involvement in the development and review of care plans. Hard copies of care plans were available to facilitate discussions with residents and family members, where appropriate.

Inspectors reviewed management of clinical aspects of care such as catheter care, diabetes management and falls. Inspectors found that clinical needs were well managed and guided by robust policies. Residents had routine blood tests and their vital signs checked on a monthly basis. Residents were routinely weighed on a monthly basis or more frequently if they were assessed as being at risk. Residents who had a MUST score of two or more were seen by a dietician.

Residents also had access to speech and language therapy. Some residents had charts to document their food and fluid intake. The systems to monitor the intake and output of residents deemed to be at risk of malnutrition required improvement. In one case the inspectors noted that the resident's care plan did not specify what the daily fluid intake should be. Records showed that the daily fluid intake was not totalled and no fluids were recorded during the night time period.

Wound management was also reviewed. Appropriate assessment and treatment plans were in place. If required, residents had access to tissue viability services. The inspector saw preventative measures in place for some residents such as pressure relieving cushions and mattresses. In one of the care plans viewed, inspectors found that a resident who had a pressure sore was provided with an alternating pressure mattress and the resident was repositioned frequently. This resident spent long periods in bed because suitable seating was not available for her.

Inspectors found that a request for a seating assessment by the community occupational therapist had been made over three months previously and this had been followed up on more than one occasion by the provider. The provider told inspectors that another resident was waiting for a similar period for a seating assessment. When this followed up with community services the provider had been required to reapply for seating assessments in January 2017.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents. Other services were available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. Podiatry, dental and optical services were also provided. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The centre was a single storey, purpose built nursing home which had been extended. The original building was mostly used for administration and the residents' bedroom accommodation was provided in the extension. The external grounds were well maintained and residents had free access to a safe secure garden. The premises were clean, well maintained with adequate natural lighting and ventilation. The centre was decorated to a high standard.

Residents' private accommodation was provided in three wings in single bedrooms with spacious en suite facilities. The size and layout of bedrooms was suited to meeting the needs of residents, including those with high dependency needs. Adequate space and storage facilities were provided to residents for personal possessions including lockable storage.

Residents had access to number of communal rooms, which were comfortable and homely. The spacious dining room was located off the main kitchen and a family room was available for residents who required a quiet dining experience. The communal rooms and all common areas were furnished and decorated to create an interesting environment for residents.

Circulation areas, toilet facilities and shower/bathrooms had non slip flooring and were adequately equipped with hand-rails and grab rails. All walkways and bathrooms were equipped with handrails and grab-rails. Signage was used throughout the centre. This could be improved by using text and pictures to assist residents to identify communal rooms and to support way-finding. The use of contrasting colour on toilet door, grab rails and toilet seats would also aid to maximise functioning of residents with dementia and those with visual impairment. Working call bells were accessible from each resident's bed and in all the rooms used by residents.

Residents' bedrooms were personalised with soft furnishings and family photographs and bedroom doors had the resident's name and a photograph or a picture of significance to the individual resident. The walls in communal areas displayed pictures and there were seating areas throughout the centre. There was ample storage space for equipment. There were two sluice rooms which were locked and suitably equipped.

Judgment:
Compliant

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:

A complaints process was in place to ensure the complaints of residents, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure was on display on the notice board in the corridor.

Residents and relatives who spoke with inspectors were clear about who they would make a complaint to. Inspectors reviewed the complaints log which clearly documented the complaints that were received. The records included details of the actions taken in response to complaints. It was noted that the satisfaction of the complainant with the outcome of the complaint was recorded as required by the regulations.

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):

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

Findings:

On the previous inspection it was noted that advanced care plans were not put in place to document the expressed preferences of residents for future health care events and end of life care. The action plan to address this had been completed. All care plans had been reviewed and the 'Think Ahead' document had been used to facilitate staff to hold conversations with residents and families and inform end of life care plans. The practices were supported by an end-of-life policy.

Inspectors reviewed a sample of care plans and were satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life and their priorities of care. In some cases very specific information was documented regarding their wishes for spiritual care, the place of care and funeral arrangements.

There were no residents receiving end of life care on the day of inspection but one resident had been reviewed by the community palliative care team. Staff described the care provided when a resident died. Inspectors were satisfied that this was in line with best practice guidelines. Staff had linked with the hospice foundation and had a folder to support staff to provide end of life care. The person in charge stated that the centre received advice and support from the local palliative care team and staff were trained in the use of a new syringe driver. Staff confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight.

Inspectors saw that the centre had a remembrance tree with the photographs of residents who had died tied to the tree. Staff told the inspector that an annual remembrance mass was held for deceased residents. Bereaved relatives were invited to attend along with staff and existing residents.

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:

There was a policy for monitoring and documentation of nutritional intake and there were processes in place to ensure that residents were assessed and do not experience poor nutrition and hydration.

Residents had access to fresh drinking water in their rooms and a variety of drinks were available in the communal rooms. The menu had been reviewed by a dietician who reported that the menu options were varied and sufficiently nutritious to meet residents' needs.

Inspectors saw that there were two choices prepared for the lunchtime meal. Residents were verbally asked for their preference and photographic menus were used to assist them to make choices. The lunchtime meal in the dining room was a social occasion with attractive table settings. Staff sat with residents while providing encouragement or assistance with the meal.

The food provided was appropriately presented and provided in sufficient quantities. Inspectors visited the kitchen, spoke to the catering staff and sampled the food on offer. It was found that food was wholesome, nutritious, adequately prepared, stored and cooked. Residents and visitors also expressed high levels of satisfaction with the food provided. Inspectors saw that residents who required their meal in an altered consistency had choices available to them.

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:

The ethos of the service upheld the rights, dignity and respect for each resident. The nursing assessment included an evaluation of the resident's social and emotional wellbeing. Staff were observed to optimise opportunities to engage and connect with residents. The daily routine was organised to suit the residents as far as possible.

Organised activities were provided and there were three activity staff who organised activities over a seven day period.

Activities were available which reflected the capacities and interests of each resident. A new staff member who spoke with inspectors identified activity provision as the most positive feature of the service. Residents and relatives also shared this view. A variety of rooms were used to provide activities for various groups. A group of residents used one room for 'Imagination Gym'. Another room had a pool table and an air hockey table.

One resident described how the new sensory room had changed his life. He could access this room to work on a jig saw or to play the keyboard without interference from anyone. Inspectors also saw that the room had a sand pit, fibre optic lights, a projector and other equipment to provide multisensory stimulation. The cinema was used for 'Movie Nights' had its walls decorated with pictures of residents favourite movie stars. All bedrooms had views of the well maintained garden. One resident, who used to keep a budgie, showed inspectors the bird feeding station outside his bedroom window. Residents had free access to the outdoors including a secure garden area and a gazebo.

There was evidence that activities were chosen in collaboration with residents, and that residents were satisfied with activities that were arranged. Group activities were organised such as yoga and exercise classes, arts and crafts, music sessions and painting. Staff created opportunities for one-to-one activities, for residents who were unable or unwilling to participate in groups. A 'Key to Me' document containing information about each resident's history, hobbies and preferences was used to inform planning of activities. Residents were also assessed to determine their functional ability and the level of support they required to perform various activities of daily living. The inspectors found that all the files examined held a 'key to me' booklet which provided valuable information for staff to reminisce and engage in a person-centred way with residents.

There was evidence that residents received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the residents permission before engaging in any care activity. Signage was used on bedroom doors stating that personal care was being delivered. There were no restrictions on visiting times; there were many rooms and seating areas to allow residents to receive visitors in private.

There was evidence that residents were consulted about how the centre is run, and the services that are provided. Residents' meetings were held every month, and issues raised by residents were acted upon by management. Representatives were invited to represent residents who were unable verbally communicate or could not attend the meetings. All residents were consulted about how they wished to spend their day. Care plans held information such as the times the resident liked to get up and retire. Other information included the clothes they liked to wear and music preferences.

Communication boards were available to support residents who had difficulty communicating. Each resident with sensory impairment or communication difficulties had a care plan in place which guided staff to communicate and interpret body language. For example 'When X points to his mouth it may indicate that he is hungry'.

The centre had developed a number of methods of maintaining links with their local communities. Outings were organised to local events and areas of interest during the year. A number of residents attended community workshops and went home for weekends. Activity staff supported residents to use skype or email to keep in contact with family and friends. Individual residents ordered daily and local newspapers and a number of these papers were also provided in communal rooms.

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:
A laundry service was available within the centre. The inspectors assessed the laundry and found that it was organised and well equipped. Staff spoken with were knowledgeable about the processes for different categories of laundry. All items of clothing examined were labelled with the resident's name and there was a system in place for the safe return of clothes.

However, some residents identified that clothing on occasions went missing when sent to the laundry. The person in charge said this was identified as an issue on the resident satisfaction surveys and she had reorganised systems to address this issue. The revised system was yet to be evaluated.

Adequate storage space was provided for residents' possessions. Each resident also had access to separate locked storage for valuables. A record was kept and maintained of each resident's personal property.

Judgment:
Substantially 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:

On the previous inspection it was found that the person in charge was frequently replacing nursing staff in direct care provision. This action plan was completed.

The inspectors formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Residents and relatives spoken with confirmed that staffing levels were good and there was always someone available. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours and medication management. There was a training plan available for 2017.

Systems of communication were in place to support staff with providing safe and appropriate care. There were hand-over meetings each day to ensure good communication and continuity of care when shifts changed. Staff told the inspectors that they became familiar with all residents and their care needs by means of the daily handover and talking to colleagues.

There was supervision of healthcare staff by a senior healthcare attendant who supervised shifts and arranged for regular staff meetings. Nursing staff were visible on the floor providing guidance to staff and monitoring the care delivered to residents. Staff appraisals were on going as observed by an inspector.

There was a recruitment policy in place and staff recruitment was in line with the regulations. The person in charge said that all staff and all volunteers were Garda vetted. The inspector reviewed a sample of staff files, and found that they contained all of the information required by Schedule 2 of the regulations, including professional registration for nursing staff.

Volunteers all had services contracts agreed and signed as observed by an inspector. A checking system was in place to ensure that all documents required by the regulations were in place. There was an orientation/induction programme for new staff.

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lawson House Nursing Home
Centre ID:	OSV-0000244
Date of inspection:	22/03/2017
Date of response:	05/04/2017

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some of the audits viewed included some learning and actions required to improve practice. However, the audits did not include the actions taken to address the problem identified, responsible persons or when the action was implemented and completed to determine effectiveness.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

All audit documentation will be updated to include lessons learned, the action plan, the person responsible and the completion date. The action plan and the quality improvement processes will be reviewed on a regular basis at the management team meetings.

Proposed Timescale: 30/04/2017

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Systems to ensure that improvements were sustained required improvement. For example the need to document the date when medicines were opened was an action arising from a previous audit. Inspectors found two ointments in use that did not have the date when the product was opened documented.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

All nursing staff educated regarding documenting the date when medications are opened. Compliance will be ensured through weekly spot checks and monthly audits by the assistant directors of nursing.

Proposed Timescale: 05/04/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The systems to monitor residents' intake and output required improvement. In one case the inspectors noted that the resident's care plan did not specify what the daily fluid intake should be. Records showed that the daily fluid intake was not totalled and

no fluids were recorded during the period when night staff were on duty.

3. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

All nursing staff are educated and care plans updated to reflect the daily fluid intake. Plan in place for all fluid input / output records to be totalled by night staff and to be documented in the daily progress notes. All staff are now aware that they should document in the fluid balance charts when fluids are administered during both day and night. Compliance will be measured by regular audits by the assistant directors of nursing. This will be audited on 30 April 2017.

Proposed Timescale: 30/04/2017

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents did not have timely access to community occupational therapy. Two residents were waiting for over three months for a seating assessment and one resident who had sacral pressure sore, spent long periods in bed because they did not have suitable cushion to sit on.

4. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:

The occupational therapy department was contacted on 27 March 2017 requesting an update on referrals sent in February. Confirmation letter received acknowledging both residents are on the waiting list. O/T department will be contacted again requesting specific timescale for O/T review for these residents. This will be monitored on a regular basis. Updates on waiting list will be documented in the resident's record. Requested priority review of one of the residents.

Proposed Timescale: 05/04/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Some residents said that their clothing went missing on occasions when sent to the laundry.

5. Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

Please state the actions you have taken or are planning to take:

All residents clothing will be checked for labelling. Relatives have been reminded to advise staff members when they bring in or remove resident's clothing so that the resident's inventory is kept up to date and all clothes are labelled. Regular audits will take place on laundry by support services manager.

Proposed Timescale: 15/05/2017