

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Lazerian's House
Centre ID:	OSV-0000556
Centre address:	Royal Oak Road, Bagnelstown, Carlow.
Telephone number:	059 972 1146
Email address:	stlazerians@eircom.net
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St. Lazerian's House Limited
Provider Nominee:	John McCabe
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	2

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 January 2017 11:15 To: 18 January 2017 13:00

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

Outcome	Our Judgment
Outcome 09: Medication Management	Compliant
Outcome 12: Safe and Suitable Premises	Compliant

Summary of findings from this inspection

The centre is operated by a voluntary body. St Lazerian’s House describes it’s 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 Bagnelstown and the surrounding areas. The person in charge is a nurse who 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.

It was identified on previous inspections that some aspects of the physical environment were not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and were not conducive to meeting the needs of residents. It was found that there were not sufficient shower/bath facilities ifor 20 residents and there were no separate hand-washing facilities in the sluice room.

The plans for refurbishment of the centre which included an extension were submitted to the Health Information and Quality Authority (HIQA) and formed part of the overall conditions of registration. The centre had applied to remove this condition as the building project was completed. The inspector saw that the new extension was completed to a high standard and met the needs of the residents. Residents told the inspector that they were delighted with the new bathrooms/ toilets and in particular the refurbished hair salon.

The inspector also followed up on two actions from the previous inspection of 2 August 2016 and found that these actions had been completed. There were no actions arising from this inspection.

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 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:

On the previous inspection it was observed that not all medicines were individually prescribed by the prescriber which is not in accordance with best practice. On this inspection, medication management practice and procedures were in line with the centre's policies and guidelines. The inspector saw that the policies and procedures had been reviewed since the previous inspection and included a detailed assessment for residents that were self-administering medicines. The inspector reviewed a sample of six administration and prescription records and found that they were in line with prescribing legislation.

The inspector saw that medication audits were carried out. The most recent one had been completed in November 2016 with no deficits noted. The inspector saw that medication management training had been provided to all staff involved in medication management.

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):

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

Findings:

On the previous inspection it was found that there were not sufficient shower/bath facilities to meet the needs of all the residents. There was a sluice room containing a bedpan washer and a sluice sink. However, there were no separate hand-washing facilities.

The extension and refurbishments have been completed and bed capacity remains at 20. It consists of one additional bathroom with shower and toilet, two separate toilets, converting a double room to a sluice room and cleaning store, converting an existing office to a bedroom, building one bedroom and refurbishments to an existing bathroom and shower. Hand washing sinks had been installed. A new hair dressing salon was available to both male and female residents which was decorated to a high standard. The clinical room had also been refurbished and provided extra space to residents and staff for consultation with other professionals.

Residents who spoke with the inspector said that they were delighted with the additional bathroom/toilets but in particular they were very pleased with the hair dressing salon. Residents told the inspector that the person in charge had done a great job. The inspector saw that all existing bedrooms had been painted, an existing bathroom had been refurbished to a high standard and wardrobes were in the process of being resprayed on the day of inspection.

Overall, the inspector found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable and tastefully furnished environment for residents.

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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