

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	St Lazerian's House
Centre ID:	0556
Centre address:	Royal Oak Road
	Bagenalstown
	Co Carlow
Telephone number:	05997-21146
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Email address:	manningmarian@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	St Lazerian's House Ltd.
Person authorised to act on behalf of the provider:	P J Cody
Person in charge:	Marian Manning
Date of inspection:	8 November 2011 and 9 November 2011
Time inspection took place:	Day-1 Start: 09:30hrs Completion: 17:10hrs Day-2 Start: 09:25hrs Completion: 16:15hrs
Lead inspector:	Tom Flanagan
Support inspector(s):	Gerry McDermott
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

St Lazerian's House is located less than one kilometre from the centre of Bagenalstown, Co Carlow.

St Lazerian's House Ltd, a charitable trust, was established in 1988, following the closure of the district hospital, which was located on the same site. It is run by a board of management, comprising representatives from Bagenalstown and the surrounding Catholic and Church of Ireland parishes. It is funded by residents' fees, a grant from the Health Service Executive (HSE) and by voluntary fundraising. The premises is leased from the HSE.

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. Care staff are on duty on day and night shifts. Day care services are also provided to older people on Tuesdays and Thursdays. People who attend the day centre are offered a programme of social activities and they join the residents for lunch.

St Lazerian's House is a two-storey building, the ground floor of which is used by residents. Residential accommodation comprises 10 single bedrooms and five twin-bedded rooms. None of the bedrooms, which are all of adequate size, have en suite facilities. There is one bathroom with an assisted bath, a shower, a toilet and a wash-hand basin. There are four other toilets available to residents. There are also four toilets located in the day care centre area.

The communal facilities include a large sitting room, a large day care room and kitchenette, a large dining room, an oratory and a quiet room/visitors' room.

There is an administration/reception office near the front entrance and there are offices for the person in charge and the FÁS (Foras Áiseanna Saothair/National Training and Employment Authority) supervisor. There is a large kitchen, a clinical room and a sluice room. There are a number of storage rooms. Outbuildings have been converted into a laundry room, an ironing room and a number of storage rooms. There are two staff toilets downstairs. On the first floor, which is accessed by stairs, there are separate toilet, shower and wash-hand basin facilities for kitchen staff and other staff. There is a staff room with a kitchenette. There is also a large training room.

St Lazerian's House is set in two acres of well-maintained gardens, planted with trees, shrubs and flowers. There is ample car parking to the front of the premises.

Date centre was first established:			1988	
Number of residents on the date of inspection:			20	
Number of vacancies on the date of inspection:			0	
Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	0	0	0	20
Gender of residents			Male (✓)	Female (✓)
			7	13

Management structure

St Lazerian's House Ltd is a voluntary organisation which has two directors and is run by a board of management, which is chaired by P J Cody. The Person in Charge, Marian Manning, reports to the Board. There are two groups of staff in St Lazerian's House. Permanent employees of St Lazerian's House include a nurse, Marie Lawless, who is the Key Senior Manager, nine care assistants, (seven permanent and two relief staff), three cooks, a FÁS supervisor, Mary Gaule, and the administrator, Catherine Maddock. There are 19 FÁS workers, whose contracts run from year to year. All staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	1	3	2	1	2*

* 1 maintenance person
1 day care staff

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This was the second inspection of St Lazerian's House carried out by the Health Information and Quality Authority. The first inspection was an unannounced monitoring inspection which took place over one day on 30 September 2010. The inspector met residents, a relative, the person in charge and other members of staff. He viewed policies, procedures and records and observed care practices.

The inspector found that the centre was well managed. Staffing levels and skill-mix were seen to meet the needs of residents. A training programme was in place for staff and records of training were maintained to a high standard. The health needs of residents were adequately catered for and there was evidence of appropriate access to a general practitioner (GP) and to the multi-disciplinary services. Health and safety and infection control systems were in place and there was evidence that incidents were reviewed and audited. Fire safety management systems and equipment were adequate. The premises were clean. Residents and a relative who spoke to the inspector expressed satisfaction with the service they received.

A number of improvements were required. There were occasions when there was no nurse on duty and in charge of the centre. The risk management policy needed to be further developed. The administration of medication was not in line with An Bord Altranais guidelines. An extra shower/bathing facility needed to be provided for residents. The statement of purpose needed to be updated to include the fire safety precautions and associated emergency procedures.

The inspection on 8 November 2011 and 9 November 2011 was an announced registration inspection which took place over two days.

Inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, records of accidents and incidents, policies and procedures and staff files. Separate fit person interviews were carried out with the nominated provider and the person in charge, both of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found that the centre was well managed and there were systems in place to review the quality and safety of care that was provided. The person in charge was appropriately qualified and experienced and was aware of her legal obligations. Staffing levels and qualifications were adequate. Residents were provided with health and social care which met their needs. Residents were consulted about the operation of the centre and they were facilitated to exercise choice and independence. Measures were in place to protect the residents and residents felt safe. Residents enjoyed a good quality of life. They were encouraged to spend time with their relatives and friends and to retain their links with the local community.

In order to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), the following improvements were required:

- the provision of a nurse on duty in the centre at all times
- the maintenance of a daily nursing record on the condition of each resident
- adherence to An Bord Altranais guidelines regarding the management of controlled drugs
- an increase in the provision of bathing and showering facilities
- the servicing of the fire alarm on a quarterly basis
- the holding of fire drills at least every six months
- the provision of annual training for staff in fire safety
- the review and updating of policies on nutrition and discharge of residents
- the review and updating of the Resident's Guide.

The Action Plan at the end of this report identifies areas where improvements are required in order to comply with the Health Act 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

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.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

An inspector viewed the statement of purpose which accurately described the services and facilities that are provided in the centre. It described the centre as providing low dependency supported care.

The statement of purpose met all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Inspectors found that the person in charge had put in place a system to review the quality and safety of care provided to residents.

Inspectors viewed the results of a range of audits that had been undertaken in 2011. These included a detailed health and safety audit and audits on records/care plans, mealtimes, privacy and dignity, the premises and equipment. A residents' satisfaction survey and a staff satisfaction survey were undertaken in August 2011. An inspector also viewed the records of accidents and incidents and saw that learning had

occurred from the review of these events and that measures were put in place to reduce the risk of falls for individual residents.

The results of audits were discussed at the health and safety committee meeting. The most recent meeting was on 8 August 2011 and the previous meeting was held on 13 October 2010. The person in charge told the inspectors that there were no formal management meetings but that the senior staff met almost daily to review the overall operation of the centre. She said that she planned to introduce a monthly management meeting and, since the inspection, she confirmed to an inspector that the first of these meetings took place on 11 November 2011. The inspector viewed the agenda for these meetings and found that it was satisfactory.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

There was a complaints policy and procedures in operation. The person in charge told inspectors that no complaints had been received.

Inspectors observed that the complaints policy and procedures was displayed prominently at the entrance and blank complaint forms were available. The process was user friendly. The person in charge is the person who deals with complaints and an independent appeals process is available to the complainant if they are dissatisfied with the outcome.

The person in charge told inspectors that no complaints have been received in the centre. She said that she would welcome complaints and would ensure that any person making a complaint would not be adversely affected by doing so.

Residents and relatives reported to inspectors that they had easy access to the person in charge and they could report any concerns to her or to other staff members.

2. Safeguarding and safety

Outcome 4

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Inspectors found that there were measures in place to protect residents from being harmed or suffering abuse. Residents who spoke with inspectors confirmed that they felt safe in the centre.

An inspector viewed the policy on the protection of residents which was centre-specific and was signed, dated and reviewed by the person in charge. It detailed the various types of abuse and was clear on the steps to be followed should a concern be expressed in relation to the protection of residents.

The person in charge is a qualified trainer and she told the inspector that she had provided training on the protection of residents to all staff. There was an overall training matrix in place and this showed that all staff members had received the training. A number of staff members who were interviewed by an inspector demonstrated their knowledge of the subject. Minutes of a staff meeting recorded that the person in charge had discussed this issue with the entire staff group.

There was a policy and procedures on residents' property and possessions. An inventory was maintained of all residents' property. The administrator told an inspector that all residents' monies were managed by the residents themselves or by their relatives. A sum of money was maintained in safekeeping for one resident. The records in relation to this money were maintained in a bound book. The resident signed all the transactions and was given receipts.

Outcome 5

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

Practices in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors. However, some fire safety practices required improvement.

There was a health and safety statement in place and there was an associated risk register which was centre-specific. There was a detailed emergency plan in place which met the requirements of the regulations. There was a procedure in place for the safe evacuation of residents and notices regarding evacuation procedures were displayed at appropriate locations throughout the centre.

There was also a comprehensive risk management policy which was centre-specific and met the requirements of the regulations.

An inspector viewed fire safety documentation, including records of fire drills and maintenance of fire safety equipment and the fire alarm. Fire-fighting equipment was located throughout the premises and was last serviced on 9 September 2011. Notices in prominent places outlined detailed procedures to be followed in the case of fire and/or evacuation. Emergency lighting was checked by an external contractor on 12 September 2011. Intruder alarms were checked on 24 October 2011. A record of daily checks on the escape routes and fire exits was maintained. Automatic door releases were checked weekly. Adequate means of escape were provided and all fire exits observed during inspection were unobstructed and clearly marked. The records showed that the fire alarm was inspected by an external contractor on 12 October 2011. The person in charge tested the fire alarm each week and fire drills were held on 21 September 2011 and 29 July 2011. However, the fire alarm was inspected annually and not quarterly as required and fire drills were not held at least every six months.

Measures were in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets, non-slip flooring in the bathroom and toilet areas. The corridors were sufficiently wide to enable residents to move easily around the premises. Inspectors observed that all residents moved independently around the corridors. Electric night lights were provided for residents' rooms if the residents chose to use them.

There was a policy and procedures in place on infection prevention and control. Staff who were interviewed told inspectors that they had received training on infection control and demonstrated knowledge of the correct procedures to be followed. Hand gel dispensers were located throughout the premises. Cleaning materials were colour-coded. A colour-coded bin was available for clinical waste in the clinic room and a large, locked colour-coded bin was available outside the premises. A contract was in place for this material to be collected by a licensed operator and an inspector viewed the waste management disposal records for 2011.

The kitchen was clean and well organised. There was a food safety management system in place. An inspector viewed an environmental health officer report, dated 5 July 2010, which did not indicate significant non-compliance with the legal requirements.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

Inspectors found that processes were in place for the safe self-administration of medication by residents and the nurse on duty demonstrated an understanding of appropriate medication management. However, the management of controlled drugs was not in accordance with professional guidelines.

A detailed and comprehensive policy on medication management was in place which addressed the ordering, prescribing, storing and administration of medication. The policy was centre-specific and it was signed and dated by the person in charge and approved by the board of management on 4 April 2011. An inspector spoke to the nurse on duty who demonstrated knowledge of the policy and explained how it was implemented.

It is the policy of the centre that all residents must be able to self-administer their medication and each resident has been assessed on their capacity and ability to do so. An inspector viewed a sample of the assessments in the residents' files. Each was signed by a nurse and a resident.

Eleven residents used automatic pill dispensers which were loaded by the pharmacist and programmed to alarm at the times that the residents' medication is due to be taken. A resident, who had brought his automatic pill dispenser to the dining room, demonstrated to an inspector how this worked. When the alarm sounded he tilted the pill dispenser to release the medication. Nine residents used blister packs. Two residents showed an inspector how they keep their medication in locked storage in their rooms and explained that they did this for security reasons. A number of residents told an inspector that they were very happy with the arrangements for managing their medication. Care staff observed residents using the pill dispensers and recorded this on an observation chart. Each week, the nurse met individually with residents who were using the blister packs to review this arrangement. According to the nurse, if the resident was experiencing any problem using the blister pack, the resident may be advised to use the automatic pill dispenser for safer self-administration.

The nurse told an inspector that she provided training to residents on the use of the pill dispenser. The pharmacist visited the centre every fortnight to meet residents to discuss any issues they may have. The pharmacist visited during the inspection and each resident was asked if they wished to see her.

Medications were delivered to the centre each month. The nurse told an inspector that, if a resident's prescription changed, their medication was returned to the pharmacy and replaced on the day. Arrangements were in place to source medication at short notice if required. A number of residents kept PRN (as required) medications in their rooms. A small stock of PRN medication was stored in the clinic

room. PRN medications were self-administered by the residents. The nurse or care staff member recorded the time, date and amount of medication taken on recording sheets designed for that purpose.

Controlled drugs, which were used by one resident, were stored in a double-locked cupboard in the clinic room. They were administered twice a day by care staff, and two care staff signed the register. Controlled drugs were checked daily, usually by a nurse and a care staff member and both staff signed the register. However, the practice of controlled drugs being administered by care staff was not in accordance with An Bord Altranais guidelines.

Medication for individual residents was reviewed every three months by the GP and this was recorded. The pharmacist reviewed the medication of individual residents each month and faxed the outcome of her review to the centre.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found that an adequate standard of evidence-based nursing care and appropriate medical care was provided to residents. Residents also had good access to a range of health and social care professionals when necessary. There was ample opportunity for residents to participate in meaningful activities.

The centre had sufficient general practitioner (GP) cover and an out-of-hours service was also provided. Four GPs from practices in the area visited residents. Each resident's file contained a sheet which recorded every contact with the GP. Residents were given the option of retaining their own GP. Where this was not possible, the person in charge or nurse assisted them to transfer to a local GP. The person in charge told an inspector that some residents chose to visit the GP surgery themselves or with relatives and that, in these cases, the GPs signed the residents' notes and the residents brought them back to the centre for filing with their care plans. An inspector viewed the care plans of four residents in detail and observed that each resident had been reviewed by their GP within the previous three months.

The admission policy stated that a pre-admission assessment is carried out on prospective residents. Copies of these assessments were maintained in the residents' files alongside a comprehensive assessment of the resident's needs on admission. Recognised assessment tools were used to promote health and address health issues. These included the Barthel Index, the Waterlow Scale, mini mental state assessment, falls risk assessment and moving and handling risk assessment. Weight and blood pressure was measured every month. In the case of a resident with weight loss, her weight was measured weekly.

Each resident had a personal and social care plan. When a resident had a specific condition such as diabetes or a problem such as weight loss, a specific care plan was drawn up to address that issue. An inspector observed that falls risk assessments were reviewed in the case of residents who had fallen. Care plans were reviewed at least every three months unless a resident's needs indicated that an earlier review was necessary. This was done by the nurse and the resident and both signed the review. Daily progress notes on each resident were written by care staff.

The health and well being of residents was promoted. Residents were encouraged to go out for walks or to exercise indoors. Residents were also encouraged to maintain contact with their families and retain their links with the local community. All residents were offered the flu vaccine in recent weeks.

Each week the staff nurse completed a summary chart which gave an overview of significant occurrences/interventions for all residents during the previous week. Among the issues which were documented were falls, significant weight loss, use of psychotropic drugs, severe pain, complaints, unexplained absences and any vaccinations the residents may have had.

Residents had access to a range of other health and social care services. Each resident's file contained a sheet which recorded every contact with other professionals. One resident, who had lost weight, was referred to a dietician by her GP. The dietician's plan of care was in her file. There was evidence that two other residents had attended a clinic to see the consultant geriatrician. A chiropodist had also seen each of the residents and a record of the treatment provided was maintained.

It was the policy of the centre that no form of restraint should be used on any resident.

There was an activities coordinator and each of the resident's interests and hobbies were documented on admission. Inspectors observed that residents had opportunities to participate in a range of meaningful activities such as arts and crafts, exercise to music, knitting and singing. On the day of inspection residents were making Christmas decorations for sale at the upcoming Christmas fair in the centre. Games such as bingo, board games and cards were also played. The inspectors observed that the majority of residents were engaged in activities in the day room. Others told inspectors that they preferred to go out for walks or spend time in their room. An inspector interviewed the activities coordinator who demonstrated a person centred approach to the provision of the activities programme. A printed timetable for activities was available. A number of residents told inspectors that they enjoyed the activities provided. One resident told an inspector that she had learned to paint since taking up residence and her work was exhibited extensively in the centre.

Outcome 8

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.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

At the time of inspection no resident was in receipt of end-of-life care and records show that no resident died in the centre since 1997. There was an end-of-life policy in place and inspectors found that it reflected a person-centred approach to the provision of end-of-life care.

The person in charge told inspectors that it is the policy of the centre to provide a service to residents who are low dependency. Should the level of dependence increase an alternative placement is secured for the resident.

Outcome 9

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.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

Inspectors found that residents were provided with food and drink at times and in quantities adequate for their needs. The food was nutritious and mealtimes were

unhurried social occasions. Residents told inspectors that they enjoyed the food.

The inspectors joined residents for lunch, which was a pleasant, unhurried experience. The atmosphere was relaxed and there was good social interaction between staff and residents. The dining room was spacious and well decorated. Table was set for up to six residents. Some attendees of the day centre also joined residents at lunchtime. The food was nutritious and well presented and there was a choice of main courses and desserts on the day. Residents told inspectors that they always have choices available to them and that the food was excellent. No residents required assistance with their meals. The menu for the day was displayed clearly on a black board outside the dining room. One resident told an inspector that a staff member informs him each morning of the menu for the day.

Refreshments and snacks were available to residents during the day. Jugs of drinking water were available in the residents' bedrooms and the water was changed twice a day by catering staff. Inspectors observed that jugs of water and glasses were available in the dayroom. A water dispenser was located on the main corridor and residents told an inspector that they help themselves if they want a drink.

The dietary needs of residents were assessed on admission and these were communicated to the chef by the nurse. Inspectors viewed a typed list of the dietary needs of all residents in a folder in the kitchen.

There was a policy in place on the monitoring and documentation of nutrition. The cook told an inspector that catering staff observe what the residents have to eat and that, if they observe that a resident is not eating well, they inform the nurse. The policy needed to be revised to include the steps to be taken if a resident began to experience difficulties in the area of diet and nutrition. Since the inspection, the person in charge submitted an updated policy which is satisfactory.

4. Respecting and involving residents

Outcome 10

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Inspectors found good practice in relation to the provision of contracts for residents.

An inspector viewed a sample of five contracts for residents. The contracts were all signed by the residents within one month of their admission to the centre. The contracts outlined the services to be provided and the fees to be charged.

Outcome 11

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Inspectors found that residents received dignified and respectful care. There was good communication between staff, residents and relatives. Contact between residents and their relatives and friends was facilitated and encouraged. Residents commented that they were facilitated to exercise choice with regard to their lifestyles.

Residents and visitors told inspectors that they knew the person in charge well and that she was very available to them. They felt that communication with her was welcomed and encouraged. Residents said that she often sat and had tea with them and asked them if everything was okay. Inspectors observed that she was very familiar with each of the residents. Residents who spoke to inspectors said that they had privacy in all aspects of their lives. They also said that staff treated them with great respect. Inspectors observed that staff knocked and waited for permission before entering residents' bedrooms.

Residents were consulted about the operation of the centre. An inspector viewed the minutes of residents' meetings, the most recent of these being the 12 October 2011, which were attended by a member of the board of management. A residents' satisfaction survey was undertaken in August 2011. The names and contact details of two advocates were clearly displayed for resident should they wish to avail of their services.

Residents told inspectors that they could choose the time to get up and go to bed. They had choices with regard to meals and they were seen to make those choices. Residents told inspectors that they can go out of the centre when they wish and an inspector observed a resident going out alone into the garden. Residents also told inspectors that they were facilitated to vote in the centre at the recent election.

The centre is located on the outskirts of the town of Bagenalstown and a number of the residents come from the town. There is an active Friends of St Lazerian's group and that a number of local organisations have engaged in fundraising for the centre. Local musicians visit to play music and sing with the residents on a regular basis. Many residents visit the homes of their relatives. The presence of the day centre attendees two days per week keeps the residents in contact with some of their peer group from the local community. An annual garden party is held in the grounds of the centre.

Inspectors observed that residents had access a selection of daily and weekly national newspapers and local weekly newspapers. There was a television in the day room and some of the residents had televisions in their rooms. They also had access to radios and to a telephone booth where they could make calls in private.

The spiritual needs of residents were addressed. Mass took place each week in the oratory and a Church of Ireland clergyman visited once a month.

Residents and relatives told the inspectors that there were no restrictions on visiting, that visitors were made feel very welcome, and that contact between residents and their families/visitors was facilitated and encouraged. Inspectors observed residents with their visitors throughout the day. Residents could see their visitors in private if they wished either in their bedrooms, in the visitors' room or in the activities room.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

Residents had adequate storage space for their clothes and possessions and their bedrooms were personalised. Adequate arrangements were in place for the regular laundering of linen and the safe return of clothes to residents.

There was a policy on residents' property and possessions in place. Inspectors observed that a record of each resident's property and possessions was maintained in a folder in the resident's bedroom. Each resident had adequate wardrobe space, one side of which was lockable and the residents retained the keys.

Inspectors viewed a number of the residents' bedrooms at the invitation of the residents. The rooms were personalised with photographs and personal belongings.

Laundry facilities were provided on the premises and these were adequate. An inspector viewed a sample of the clothing being laundered and each item was clearly labelled with the name of the owner. Residents and relatives who spoke to the inspectors expressed satisfaction with the laundry service. Some residents had their clothes looked after by relatives.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge was full time in her post. She was registered with An Bord Altranais and had been in charge of the centre since September 2008. She had previously been the person in charge of another designated centre for older people. She demonstrated that she had the clinical knowledge to ensure the suitability and safety of care to residents and the management skills to ensure that the centre operated efficiently and smoothly. Inspectors observed that she was familiar with the residents, the staff and all aspects of the service.

The inspectors found that she was centrally involved in the operation and governance of the centre and that she received adequate support from the board of management and the senior staff in the centre.

When interviewed by inspectors, the person in charge demonstrated her knowledge and understanding of the legislation and her statutory responsibilities and her commitment to the provision of a person-centred service. She had signed for the implementation of all the policies and procedures and had ensured that notifications were sent to the Chief Inspector as required.

The person in charge was engaged in continuous professional development. She was awarded a degree in nursing studies and a certificate in gerontology in 2011. Since 2006 she had undertaken instructor's courses in moving and handling, occupational first aid and cardiac first response and she was awarded a certificate in training and continuous development in 2007.

Outcome 14

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

Inspectors found that staffing levels and skills mix of staff were sufficient to meet the needs of residents on the day of inspection. Staff demonstrated their knowledge of the policies and procedures. There was sufficient evidence that all staff had received mandatory training. Residents and relatives commented on the kindness and caring attitude of staff.

The person in charge, the administrator, the FÁS supervisor and the cook worked fulltime. On the day of inspection the nurse worked part-time, there was a member of care staff on duty at all times and members of the FÁS staff were engaged in activities coordination, housekeeping, laundry and maintenance. Inspectors found that the staffing levels and the skills mix were sufficient to meet the needs of the residents, all of whom were assessed as low dependent. However, an appropriately qualified registered nurse was not on duty and in charge of the centre at all times.

There was a policy on the recruitment, selection and vetting of staff in place. An inspector observed that the current registration details were maintained for the two nurses employed in the centre, the person in charge and the key senior manager. The inspector viewed a sample of seven personnel files. These were very well organised and each one contained photographic identification, full employment history, three written references, evidence of physical and mental fitness, relevant training and qualifications and evidence of Garda Síochána vetting. There were no volunteers working in the centre.

The person in charge maintained an overall training record of permanent employees and the FÁS supervisor maintained records of the training provided to FÁS staff. The records showed that all staff had received training in fire safety, moving and handling and elder abuse. However, not all staff had received annual training in fire safety. A wide range of training course were available to staff and staff members told an inspector that they had ample opportunity to participate in training that was beneficial for their work. Inspectors interviewed a number of staff and found that staff demonstrated their knowledge of the residents and were able to describe how the policies and procedures of the centre were implemented.

Staff who spoke with inspectors were clear about their roles and responsibilities and to whom they reported. The person in charge and the FÁS supervisor conducted appraisals with permanent employees and FÁS staff, respectively. An inspector

viewed a number of completed appraisal forms and personal development plans in the personnel files.

Inspectors viewed the planned staff rota which showed staff on duty at all times during the day and night and was prepared in advance. A review of the staffing rota indicated that the staffing levels on the day of inspection were according to the usual arrangements.

Inspectors observed appropriate interactions between staff and residents. There was a staff presence throughout the day in communal areas and inspectors observed staff chatting easily with residents. Residents and relatives told inspectors that staff were very kind and that they could talk to them at any time.

One member of care staff was on duty from 07:30hrs until 19:30hrs and another was on duty from 19:30hrs until 07:30hrs. A handover report was given at the end of each shift. The person in charge or, in her absence, the nurse was on call at all times.

6. Safe and suitable premises

Outcome 15

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

Inspectors found that the centre was bright, clean, well decorated and well maintained. The design and layout of the premises met the needs of the residents, who could move around the centre with ease. The residential and communal facilities were comfortable and homely. However, facilities for bathing and showering needed to be improved.

All the residents' bedrooms, which were on the ground floor, were bright, well ventilated and sufficiently large for the residents' needs. Rooms which were shared had curtains in place to divide the room. Each bedroom had a wash-hand basin and mirror. Each resident had a bed, an arm chair, a wardrobe with lockable storage and a side table with lockable drawer and easy access to a reading light and a call bell.

The communal space was sufficient to accommodate all residents. The main day room had comfortable seating and a large open fire contributed to a homely atmosphere. The dining room was spacious and the furnishings included an old style dresser. A small quiet room was available for residents to see visitors in private. The

oratory was small and comfortable. The activities room was a large room which had a kitchenette and tables and chairs. Many of the residents had their mid-morning snack there. A covered smoking area was provided outside. There was a sufficient number of toilets for the use of residents. However, there was only one bathroom, which contained an assisted bath, a shower and a wash-hand basin. This was insufficient for 20 residents. The person in charge told inspectors that the centre had recently received planning permission for an extension to provide another shower room and toilets.

The corridors, which were wide and had handrails fitted, were bright. The floors had non-slip covering. Photographs of residents, staff members and visiting celebrities hung on the walls throughout the premises. Some of the art work of the residents was also displayed.

The clinic room was used to store medications and dressings and the residents' care plans were also kept there. Both the laundry and sluice room contained appropriate equipment. There was a sufficient number of store rooms. The kitchen was large and well-equipped and had adequate storage for frozen, chilled and fresh food. A food safety management system was in place. There were adequate storage facilities for cleaning materials and equipment. There were three offices for administration and management. Appropriate facilities for staff and a large training room were provided upstairs. Adequate secure storage was in place for files and valuables. Heating and ventilation throughout the premises was satisfactory.

Special equipment included a hoist and a wheelchair and a seated weighing scales, which were stored safely. The person in charge told inspectors that the hoist and wheelchair were used only in emergency situations and that staff had been trained in their use. Both items of equipment had been serviced recently.

There was a large outdoor garden which was safe and suitable for the existing group of residents. This contained lawns, planted areas, a kitchen garden and walkways through mature trees. Garden furniture was also provided. Residents told inspectors how they loved to walk in the garden. Relatives told inspectors that the majority of the residents sat out in the garden during the summer.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guideSubstantial compliance Improvements required*

The Resident's Guide did not include a copy of the most recent inspection report or the address and telephone number of the Chief Inspector.

Records in relation to residents (Schedule 3)Substantial compliance Improvements required* **General records (Schedule 4)**Substantial compliance Improvements required* **Operating policies and procedures (Schedule 5)**Substantial compliance Improvements required*

The policy on temporary absence and discharge of residents needed to be revised.

Directory of residentsSubstantial compliance Improvements required* **Staffing records**Substantial compliance Improvements required* **Medical records**Substantial compliance Improvements required*

A nursing record of the person's health and condition, signed and dated by a nurse, was not maintained.

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

Inspectors found that practice in relation to notifications was satisfactory.

Inspectors viewed the records of all accidents and incidents that had occurred in the designated centre since the previous inspection. All relevant incidents were notified to the Chief Inspector as required.

Outcome 18

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.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the key senior manager to deputise for the person in charge in the event of her absence.

Inspectors were informed that there have been no absences of the person in charge for such a length of time that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Tom Flanagan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

16 November 2011

Provider's response to inspection report*

Centre:	St Lazerian's House
Centre ID:	0556
Date of inspection:	8 November 2011 and 9 November 2011
Date of response:	30 November 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Outcome 5: Health and safety and risk management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The fire alarm was inspected annually and not quarterly as required.

Fire drills were not held at least every six months.

Action required:

Make adequate arrangements for the maintenance of all fire equipment.

Action required:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Reference: Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The fire alarm will be inspected each quarter as requested. The next due date for inspection is 12 January 2012. Fire drills and fire practices are already held on a regular basis for all staff and residents but will be held every six months on an ongoing basis from now on. The date of the next fire drill is 12 January 2012.	12 January 2012 12 January 2012

Outcome 6: Medication management

2. The provider is failing to comply with a regulatory requirement in the following respect: The management of controlled drugs was not in accordance with An Bord Altranais guidelines.	
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As this is a low dependency unit a nurse is not on duty 24 hours a day. There is currently a review underway by the Department of Health in respect of low dependency supported care units such as St Lazerian's House. All residents in St Lazerian's House have been assessed as low dependency and do not require a 24 hour nursing presence. We expect the results of the review to reflect this.	Awaiting the outcome of the review

Outcome 14: Suitable staffing

3. The person in charge is failing to comply with a regulatory requirement in the following respect:	
An appropriately qualified registered nurse was not on duty and in charge of the centre at all times.	
Not all staff had received annual training in fire safety.	
Action required:	
Ensure that an appropriately qualified registered nurse is on duty and in charge of the designated centre at all times, and maintain a record to this effect.	
Action required:	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.	
Reference:	
Health Act 2007 Regulation 16: Staffing Regulation 17: Training and Staff Development Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
There is currently a review underway by the Department of Health in respect of low dependency supported care units such as St Lazerian's House. All residents in St Lazerian's House have been assessed as low dependency and do not require 24 hour nursing care. We expect the results of the review to reflect this. There is a nurse on call over a 24 hour period who has not been called in the last 12 months as the residents do not have nursing needs.	Awaiting the outcome of the review.
There is a comprehensive education and training programme in place for all staff. The two staff missing from the fire training were on holidays and have attended previous fire training. They will attend fire training on 12 January 2012.	12 January 2012

Outcome 15: Safe and suitable premises

4. The provider is failing to comply with a regulatory requirement in the following respect:	
There was only one bathroom, which contained an assisted bath, a shower and a wash-hand basin. This was insufficient for 20 residents.	
Action required:	
Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
Reference:	
Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Planning permission has been granted for an extension to house the necessary bathroom and toilet facilities and fundraising has commenced.	30 November 2013

Outcome 16: Records and documentation to be kept at a designated centre

5. The provider is failing to comply with a regulatory requirement in the following respect:	
The Resident's Guide did not include a copy of the most recent inspection report or the address and telephone number of the Chief Inspector.	
The policy on the temporary absence and discharge needed to be revised.	
A nursing record of the person's health and condition, signed and dated by a nurse, was not maintained.	
Action required:	
Produce a Resident's Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.	

Action required:	
Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.	
Action required:	
Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.	
Reference:	
<ul style="list-style-type: none"> Health Act 2007 Regulation 21: Provision of Information to Residents Regulation 25: Medical Records Regulation 27: Operating Policies and Procedures Standard 1: Information Standard 13: Healthcare Standard 29: Management Systems 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>At present all the residents are issued with a resident's booklet and a separate comprehensive contract of care which details the terms and conditions for the provision of services in St Lazerian's House. However the resident's guide will be altered to include all the criteria in one document as requested above.</p> <p>The policy on temporary absence and discharge has been amended as requested. Operational policies and procedures will continue to be reviewed at least every three years.</p> <p>The current practice of recording meets the residents' needs. There is a nurse on duty three mornings per week and a healthcare assistant on duty seven days per week. The records are maintained on a daily basis by the person on duty. The records reflect the personal and social care needs of the residents. The records are audited and monitored by the manager on a regular basis.</p>	<p>30 January 2012</p> <p>30 November 2011</p> <p>Awaiting the outcome of the review by the Department of Health</p>

Any comments the provider may wish to make:

Provider's response:

I wish to acknowledge the courtesy of the inspectors shown to the residents and staff during their visit and feel the report is a fair reflection on the service provided in St Lazerian's House.

Provider's name: St Lazerian's House

Date: 30 November 2011