Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Lawson House Nursing Home
Name of provider:	Lawson House Nursing Home Limited
Address of centre:	Knockrathkyle, Glenbrien, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	29 April 2026
Centre ID:	OSV-0000244
Fieldwork ID:	MON-0050039

About the designated centre

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

Lawson House Nursing Home is a single-storey, purpose-built nursing home which was purchased by the current owners in 1996 and has most recently been extended in 2011. The centre is located in a rural setting close to the village of Glenbrien, near Enniscorthy, Co Wexford. The centre provides care and support for both female and male adult residents aged 18 years and over for long-term residential, respite, and convalescence care for people with cognitive impairment, such as those living with dementia. It can accommodate up to 65 residents, and the accommodation consists of 57 single-occupancy bedrooms with en-suite facilities of shower, toilet and wash hand basin, six single-occupancy bedrooms with shared bathroom, including shower, toilet and wash hand basin and two single bedrooms with a wash hand basin. There are multiple communal rooms strategically situated throughout the centre for resident use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 April 2026	07:50hrs to 16:30hrs	Bernadette McDonald	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by one inspector. Over the course of the inspection, the inspector spoke with 25 residents, three visitors, and most of the staff on duty to gain insight into residents' lived experiences in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction with the standard of care provided. . The residents reported that the staff were "very helpful" and "very nice". The inspector spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. Interactions observed were person-centred and courteous. There was a calm and welcoming atmosphere throughout the centre, and friendly chats could be heard between residents and staff. Residents said that they felt safe and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to verbally give their views on the centre. However, these residents were observed to be mostly content and comfortable in their surroundings.

On arrival at Lawson House, the inspector was greeted by the night staff nurse, who guided the inspector through the sign-in procedure. The inspector initially walked around the centre, accompanied by the person in charge, and then a brief introductory meeting was held with members of the registered provider's management team.

Lawson House Nursing Home is a single-storey building purchased by the current owner in 1996 and extended in 2011. Upon arrival, one enters a large reception area. There is keypad access from the reception area to the rest of the building. The keypad code is discreetly displayed to enable entry and exit. Bedroom accommodation is set out over four units, named after the rivers Barrow, Nore, Suir and Slaney. Barrow, Nore and Suir units were part of the 2011 extension, as were seven single en-suite bedrooms within Slaney unit. The remaining 13 bedrooms within the Slaney Unit are located within the original building.

Findings from the last inspection in May 2025 were that the registered provider had made changes to the footprint of the centre that were additional to the proposed changes in an application to vary condition 1 of registration. An additional application to vary was received and granted. The inspector observed on the day of inspection that all changes were in line with the application to vary.

During the initial walk around of the premises, the inspector observed a centre that was very clean, bright and airy. The centre was a hive of activity throughout the day, with residents attending activities in the sitting room and in the outdoor enclosed garden area. The centre was decorated with residents' artwork and crafts, and photographs of various outings and celebrations adorned the walls. Notice boards in the main corridor provided residents with information, for example, daily

activities, complaints procedures, scheduled residents' meetings, and a family information board.

Overall, the centre was very well maintained with suitable furnishings, equipment and decorations. The inspector saw residents who were up and ambling about, some attending the dining room for breakfast and others choosing to have their breakfast in their bedrooms. Staff were busy assisting residents; however, inspectors noted that staff made time to chat with residents while also conducting their duties. Each unit was equipped with a mini kitchen, and there were supplies of breakfast goods, snacks and drinks for residents should they want anything during the night.

A long corridor spanned the length of the centre, featuring handrails and comfortable seating for residents to rest upon as they strolled throughout the centre. From this corridor, residents could access the centre's internal garden or take in the view of the garden while seated. Many residents were seen sitting and resting on the corridor throughout the day of inspection, watching the comings and goings and chatting with one another. The centre was decorated throughout with paintings and ornaments. Photographs of residents and staff enjoying group activities were also displayed.

There were multiple communal areas available for residents, including a large dining room, a sitting room, an adjacent coffee/reading area, a smaller lounge known as the main multifunctional communal room, a prayer room and four multi-use communal areas on Barrow, Suir, Nore and Slaney units.

The inspector was informed by staff that the lock to the outer cupboard containing the controlled drug press was broken, with staff being unable to lock it. The internal cabinet which stored the medications was locked. Staff nurses and nursing management were the only staff with swipe access to the clinical room. The person in charge gave assurances to the inspector that this would be rectified and submitted confirmation of this to the inspector post inspection.

There was an on-site laundry service where residents' personal clothing was laundered. This area was seen to be clean and tidy, and its layout facilitated the functional separation of the clean and dirty phases of the laundering process. The majority of residents and visitors spoken with were satisfied with the laundry service provided. Residents had personalised their bedrooms with treasured photographs, ornaments, and artwork from home, which were proudly displayed. Bedrooms had a television, locked storage and call-bell facilities.

The centre's internal courtyard garden was clean, tidy, and pleasantly landscaped. This courtyard garden had seating, garden decorations, water features, bird feeders, raised planters, trees and bushes. Externally, the centre's grounds were clean, tidy and well-maintained.

Activity notice boards throughout the centre clearly displayed the planned activities for the day ahead. The inspector observed many activities taking place throughout the day, for example; "wise words", a daily rosary and a tea party was held in honour of a resident to recognise their recent personal achievement. This was held

in the main communal room and attended by a large number of residents. These residents were treated to a fine china tea experience with a choice of sweet accompaniments. Residents spoken with said they were very happy with the activities programme in the centre, and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet, and televisions.

Inspectors were assured that residents were consulted about what was happening in the centre. Regular satisfaction surveys were completed by residents, which detailed their feedback on the service provided in relation to a number of areas, including food, activities, visits, bedroom accommodation, and staff. Residents' meetings were held regularly, and the views and opinions of residents were documented. Action plans following the meetings were developed. For example, there had been a small number of concerns raised at a recent meeting about the laundry service, and the person in charge took immediate action to address this with the staff and laundry. Residents spoken with confirmed that their minor issues or concerns were dealt with quickly, and never reached the level of a formal complaint.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that Lawson House Nursing Home was a well-managed centre where there was a focus on quality improvement to enhance the daily lives of residents.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), review the registered provider's compliance plan from the May 2025 inspection and to inform a registration application. The inspector also followed up on unsolicited information submitted to the Office of the Chief Inspector since May 2025.

The registered provider had applied to renew the registration of Lawson House Nursing Home. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

The governance and management systems in the centre had improved since the last inspection, and were contributing to the delivery of good quality care. It was evident that the management and staff of the centre were working towards full compliance with the regulations.

Lawson House Nursing Home Limited is the registered provider. The company had two directors. One director was the person in charge. The other director was the support services manager, who also represented the provider in regulatory matters. The person in charge worked full-time and was supported by a full-time director of nursing, a part-time assistant director of nursing, a support services manager, clinical nurse managers, staff nurses, healthcare assistants, catering, housekeeping, laundry, activities, administration and maintenance staff.

There were sufficient staff on duty to meet the assessed needs of the residents. The person in charge, the director of nursing, the assistant director of nursing and the clinical nurse managers worked in a wholly supernumerary capacity, providing daily clinical and operational support to the staff. The previous inspection in March 2025 highlighted concerns in staffing in relation to call-bell answering times. This was not a finding on the day of inspection, and all call-bells that rang were answered promptly. Residents spoken with said that they had no concerns with waiting long periods for staff to attend to them when they rang the call bell. Also, the provider has put further strengthening measures in place with call-bell audits, which identified any key findings and learnings for staff.

Staff were supported to attend essential training. There was an ongoing schedule of training in the centre. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, and infection prevention and control. Staff with whom the inspector spoke, were knowledgeable regarding safeguarding, infection control procedures and fire procedures. However, further action in respect of the administering of medications during lunchtime dining experience was required. This is further discussed under Regulation 16: Training and staff development.

The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents who spoke with the inspector were aware of how to make a complaint and to whom a complaint could be made.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 15: Staffing

On the inspection days, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurse on duty for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

While acknowledging that overall good practice was observed, the inspector found improvements were required regarding oversight in relation to the administration of medications to residents during lunch times:

- Two staff nurses were observed administering medications to residents in the main dining room during lunch time. This does not promote a person-centered approach and rights-based approach to gaining informed consent when administering medications.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a current insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints were specified in the procedure. The procedure was prominently displayed in the centre.

The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Residents' communication needs were individually assessed, and where residents needed additional support, person-centred care plans were in place, which also considered their social care needs to ensure their participation and inclusion. Communication tools and equipment were made available to them that were tailored to their individual needs. Residents with communication difficulties were supported by staff. Care plans viewed for residents who had difficulties communicating reflected the care and support that were being delivered.

There was adequate space for residents to store their personal belongings, and residents had access to lockable storage for safekeeping of their personal belongings.

Medication administration was observed, and the inspector noted that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the medication administration records following administration to residents.

There was evidence of good practice in relation to resident assessment and care planning. Residents' needs were routinely and appropriately assessed, and this information was incorporated into resident-specific care plans. Staff demonstrated a good knowledge of residents' assessed needs. Care plan documentation reviewed was found to be person-centred and suitably detailed to guide staff in providing good quality, safe care aligned to residents' needs and preferences. The inspectors reviewed a variety of assessments and care plans, including mobility, social and

recreational, wound care and basic care plans. Care plans were updated every four months or when the residents' care needs changed.

Residents had the opportunity to meet together and discuss relevant issues at resident committee meetings in the centre. Dedicated activity staff were responsible for delivering the schedule of activities in the centre and inspectors observed large and small group activities taking place in different areas of the centre in the morning and afternoon. Residents were happy with the choice and frequency of activities and told inspectors that they enjoyed the activities. Residents had access to radios, televisions, and newspapers. Mass was live-streamed in the centre daily. Access to independent advocacy was available.

Regulation 10: Communication difficulties

From a review of residents' records, it was evident that residents with specialist communication requirements had these recorded in their care plans and appropriate supports in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had adequate space to store and maintain their clothing and possessions. Residents who spoke with the inspector stated they were satisfied with the space in their bedrooms and storage facilities. The centre had a tidy, well-organised onsite laundry for laundering residents' clothing. Residents were complimentary about the laundry service received in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

- Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.
- A sample of medication administration charts was reviewed and these were comprehensive. Nurses administered medication from valid prescriptions.
- There were appropriate procedures for handling and disposing of unused and out-of-date medicines. The inspector noted that the medication trollies were secured at all times.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the resident's needs. A range of validated nursing assessment tools was used to inform the residents' care plans. Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes in the residents' care needs, reviews were completed to evidence the most up-to-date changes.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. For example;

- An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should there be an allegation of abuse made.
- The person in charge investigated all allegations of abuse, making appropriate referrals to external agencies where required.
- Prior to commencing employment in the centre, all staff were subject to Garda Síochána (police) vetting.
- The provider was not acting as a pension agent for any residents.
- The registered provider facilitated staff to attend regular training in the safeguarding of vulnerable persons.
- When required, residents were supported to access independent advocacy services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff, and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, the Internet,

television and radio was available. Details of advocacy groups were on display in the centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lawson House Nursing Home OSV-0000244

Inspection ID: MON-0050039

Date of inspection: 29/04/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Following the HIQA inspection on 29th April 2026, and the feedback provided by the Inspector on the day, immediate actions were implemented from 30th April 2026 to strengthen staff supervision and ensure compliance with Regulation 16.

The following measures were introduced:

• Staff nurses received immediate instruction on the importance of upholding residents' rights, including obtaining informed consent prior to the administration of medications.
• With immediate effect from 30th April 2026, the administration of medications in the dining room ceased to ensure that residents' mealtimes are not interrupted and that their dining experience is protected.
• The Person in Charge and the Management Team have increased direct supervision of staff practices through regular observational (visual) audits during medication rounds and mealtimes to monitor compliance with these requirements. Where improvements are identified, immediate feedback, guidance, and additional support are provided to ensure sustained compliance.
• Ongoing supervision, monitoring, and refresher training will continue to reinforce best practice, promote a culture of person-centred care, and ensure that improvements are embedded into daily practice.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2026