<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Lazerian's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000556</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Royal Oak Road,</td>
</tr>
<tr>
<td></td>
<td>Bagenstown,</td>
</tr>
<tr>
<td></td>
<td>Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 972 1146</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@stlazerians.com">info@stlazerians.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St. Lazerian's House Limited By Guarantee</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>19</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times
From: 31 January 2018 09:00
To: 31 January 2018 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
St. Lazerian’s is a voluntary centre, established for the supported care of older people from the local and surrounding areas. The centre provides long-term and respite care for a maximum of 20 residents who require minimal assistance in a homely environment. St Lazerian’s House describes its service as a low dependency, supported care facility, which offers 24-hour personal and social care to older people over 65 years of age.

This report sets out the findings of an announced registration renewal inspection which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre. Funding for the service is granted under a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents’ own contributions. This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident.

The centre was granted registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations which
stipulated that if the centre provided care only to residents who do not require full-time nursing care the person in charge is not required to be a registered nurse.

Residents provided feedback on the service during conversations with the inspectors and in feedback questionnaires received by the inspectors on the day of inspection. The inspectors found that residents could exercise choice in a meaningful way about how they spent their day. The collective feedback from residents on the day of inspection was one of great satisfaction with the service and care provided. Day care services are also provided to older people on a weekly basis. People who attend the day centre are offered a program of social activities and they join residents for lunch.

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

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

The action plan at the end of this report identifies areas where one improvement must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016).
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose set out the services and facilities provided in the designated centre and for the most part contained all the requirements of Schedule 1 of the regulations. It was kept up-to-date and the inspector found that the way services were delivered reflected the aims and objectives that were outlined in the statement of purpose.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
St. Lazerian’s House is a voluntary centre operated by a board of directors. The board of directors oversee the organisational and financial management of the centre. The board meet regularly and minutes of meetings were available. There are a number of sub-committees established which included policies and procedures, quality and safety, health and safety and finance on which various board members sit on.
The person in charge holds regular meetings with the staff. Minutes of all these meetings were viewed by an inspector which demonstrated ongoing communication of relevant issues. There was a clinical governance plan in place which outlined the structure and function of the organisation. The inspectors found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. Appropriate resources were allocated to meet residents’ needs.

The person in charge who is also the provider representative reports to the board of management and presents a regular report to the board. The management team is made of the nominated registered provider/the person in charge, a senior health care assistant who deputises for the person in charge, an administrator and a community employment (CE) scheme supervisor who is responsible for the recruitment and ongoing training needs of staff on the CE scheme. Inspectors saw that the person in charge meets with the senior healthcare assistant on a monthly basis to discuss relevant issues pertinent to clinical care of residents such as falls, weights, clinical observations, blood glucose profiling and referrals to other health professionals.

Systems were and in place to review and monitor aspects of the quality of care. A six monthly audit schedule was in place to inform frequency of auditing and quality and safety review in various key areas. An audit report had been collated for 2017 which had been presented to the board of management. The inspectors viewed audits completed by the person in charge and staff. Data was being collected on a number of key quality indicators such as medicines management, diabetes management, infection control, health and safety and risk management, complaints, safeguarding and fire safety. There was evidence of ongoing improvements following the audit.

Systems were in place to ensure that the service provided met residents’ needs, was safe, effectively managed and monitored. There was a residents’ committee that met regularly and the inspectors observed that the regular meetings gave them a forum to express their views and residents said that changes were made as a result of their opinions. Satisfaction surveys had been completed which indicated overall satisfaction with the services provided.

An annual review of the quality and safety of care had been completed for 2017 and it informed the service plan for 2018 as observed by an inspector. There were adequate resources deployed to meet the needs of residents in relation to staff, training opportunities, and ancillary services to ensure appropriate care was delivered to residents. There was a plan for ongoing training in 2018 which reflected the needs of the residents living in the centre.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

**Findings:**
The inspectors formed the view that the person in charge was a suitably experienced nurse with authority, accountability and responsibility for the provision of the service. She works full-time in the post and demonstrated knowledge of the residents and their clinical and social needs.

The person in charge is a registered nurse and the inspectors saw evidence that she was currently registered with the relevant nursing professional body. She holds a degree in nursing, a certificate in gerontology, a certificate in care of the older person in a residential care setting, an advanced certificate in management and a diploma in dementia care as well as numerous other qualifications including train the trainer.

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

During the inspection the person in charge demonstrated a commitment to ensuring a good standard of care to residents and a positive attitude to regulation. All documentation requested by the inspectors was readily available.

**Judgment:**
Compliant

---

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

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

The person in charge is on-call at evenings and at weekends. She is supported in her role by a senior health care assistant who works full-time. The senior health care assistant also takes charge of the centre in the absence of the person in charge and for
annual leave. The inspectors were satisfied that there were suitable arrangements in place for the absence of the person in charge.

Judgment: Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme: Safe care and support

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

Findings:
Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with Health Service Executive (HSE) procedures. Staff also had access to the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014). Safeguarding training was provided on an on-going basis to all staff. Training records recorded that all staff had received up-to-date training in a programme specific to protection of older persons.

Staff who spoke with the inspectors demonstrated a good understanding of elder abuse prevention and was clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The person in charge informed an inspector that there was one resident who displayed responsive behaviours. Training had been provided for staff in this area as observed by the inspector. There was timely access to mental health services if required.

A policy, which gave guidance to staff on how to manage responsive behaviours, was also available. There was a policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment. The inspectors saw that restraint was not common place in the centre and none were in use on this inspection.

The registered provider does not act as a pension agent for any residents. The centre does not hold money on behalf of residents for safekeeping. Residents manage their own finances. Inspectors saw that each resident had their own personal storage in their bedroom for same.

Judgment: Compliant

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

Theme:
Safe care and support

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

Findings:
The centre had policies and procedures relating to health and safety within the centre. There was a current health and safety statement which is due for review October 2019. The centre risk management policies include the requirements set out in Regulation 26(1). The centre had a current risk registrar that is kept under constant review. The register identified areas of risk within the centre and the control measures in place to minimise any negative impact on residents. All resident files reviewed have individualised risk assessments that are reviewed every quarter.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Signs were on display to encourage visitors to use the hand sanitisers. Household staff spoken to were knowledgeable on the system in place to ensure that the cleaning regime minimises the risk of cross infection. The staff document only document cleaning of communal areas.. There is no documented evidence of daily cleaning in resident rooms. Residents spoken too confirmed that their bedrooms are cleaned on a daily basis. A monthly deep cleaning schedule is in place for all areas of the centre. However, the inspector noted a number of gaps in the recordings. The inspectors discussed the documentation of cleaning with the person in charge who will address the gaps noted. Overall, the inspectors observed that the standard of cleanliness throughout the building was of a high standard.

Suitable arrangements were in place in relation to promoting fire safety. Fire safety and response equipment was provided. Daily checks are carried out on all escape routes and there is a weekly fire alarm test. The fire alarm is serviced on a quarterly basis and the fire safety equipment is serviced on an annual basis. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Staff spoken to was knowledgeable about fire safety and evacuation procedures. A detailed fire simulation drill including night time staffing numbers was last carried out in October 2017. There was evidence that any areas identified that required follow up were actioned. The training matrix identified all staff had received annual fire safety training.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.
**Theme:**
Safe care and support

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

**Findings:**
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines are safe and in accordance with current guidelines. The resident's in the centre self administer their own medicines. The system in place is safe and promotes resident independence in taking responsibility for their own medications. The person in charge has ensured that all healthcare assistants that have responsibility in supporting residents to self administer have completed medicine management specific training.

All residents had a comprehensive risk assessment carried out specific to medicines management. Resident medication prescription sheets were reviewed. The inspector noted that the signing sheets for staff did not have a space for comments. For example, if a resident did not receive a medicine there was no space to record the rationale. This was discussed with the person in charge who addressed the gap on the day of inspection.

There was a system in place for reviewing and monitoring safe medication management practices. There was documented evidence of monthly medication prescription reviews carried out in consultation with the pharmacist and medical practitioner. There were no reported medication errors since the last inspection.

**Judgment:**
Compliant

---

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

**Theme:**
Effective care and support

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

**Findings:**
Residents’ health care needs were met through timely access to medical services and appropriate treatment and therapies. The files reviewed evidenced that the residents have access to a general practitioner
and allied healthcare professionals. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner.

The person in charge visited prospective residents prior to admission. This arrangement gave the resident or their family an opportunity to meet in person, provide information and determine if the service could adequately meet the needs of the resident. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

Assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. The assessment process used validated tools to assess each resident’s dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each resident had a comprehensive care plan developed with 48 hours of admission. The care plans were person centered and the detail contained within the care plans evidenced that the staff were knowledgeable on the specific care needs of residents under their care. There was evidence that care plan reviews occur at intervals not exceeding four months or more frequently in consultation with either the resident or their representative.

Judgment:
Compliant

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
Staffing levels on the day of inspection were sufficient to meet the social and healthcare needs of the residents.
Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to supervise and appraise staff. An annual appraisal is carried out with staff and the inspector saw evidence of this within all files reviewed. Staff were seen to be supportive of residents and responsive to their needs. In discussions with the inspector, residents confirmed that staff were
supportive and helpful.

A mandatory and relevant staff training programme was in place and a record of training for all staff was available. Mandatory training such as moving and handling, fire training and the prevention, detection and management of abuse had been provided. Additional training on CPR (cardio pulmonary resuscitation) and medicines management is provided to all care staff.

Recruitment procedures were in place, and samples of staff files were reviewed against the requirements of schedule 2 records as per the regulations. All four files reviewed had Garda vetting disclosures in place. The management team confirmed that all staff have Garda vetting on their files.

The person in charge confirmed there are no volunteers working within the centre.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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

### Outcome 08: Health and Safety and Risk Management

#### Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The inspectors discussed the documentation of cleaning with the person in charge who will address the gaps noted.

1. **Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published

---

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

**Please state the actions you have taken or are planning to take:**
Designed a new sheet for sign off on daily cleaning of bedrooms, form in use since 5th February 2018

**Proposed Timescale:** 05/02/2018