



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:	14 March 2023
Centre ID:	OSV-0000244
Fieldwork ID:	MON-0038781

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 opened in 1996 and had most recently been extended in 2011. It can accommodate up to 65 residents and the accommodation consists of 57 single bedrooms with ensuite facilities of shower, toilet and wash hand basin, six single bedrooms with shared bathroom inclusive of shower, toilet and wash hand basin and two single bedrooms with a wash hand basin. The external grounds were adequately maintained and residents had free access to a safe secure garden. There are multiple communal rooms strategically situated throughout the centre for resident use. The provider is a limited company called Lawson House Nursing Home Ltd. The centre is located in 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. Care is provided for residents requiring varying levels of dependency from low dependency up to maximum dependency care needs. The centre provides care for long term residential, respite and, convalescence care, for people with cognitive impairment, such as, those living with a dementia. The centre does not accept admissions of residents under 18 years of age, residents with an active tracheostomy or residents with severe challenging behaviours. Pre-admission assessments are completed to assess a potential resident's needs. Following information supplied by the resident, family, and or the acute hospital, arrangements are made to ensure that all the necessary equipment, knowledge and competency are available to meet the individual needs, and admission date is then arranged. The centre currently employs approximately 73 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

63

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
Tuesday 14 March 2023	09:15hrs to 17:25hrs	Bairbre Moynihan	Lead
Wednesday 15 March 2023	09:00hrs to 17:15hrs	Bairbre Moynihan	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in Lawson House nursing home and in more detail with seven residents. Overall, residents were very positive about how they spent their days in the centre, and were highly complimentary of the staff, the food and premises with one resident describing it as a "home away from home".

The inspector arrived in the morning for a two day unannounced inspection following an application by the registered provider to renew the registration of the centre. The inspector was greeted at the entrance by a staff member where a temperature check was taken. Following an introductory meeting with the person in charge the inspector was guided on a tour of the premises.

Lawson House nursing home is registered to accommodate 65 residents with 63 residents on the day of inspection. The premises is a single storey building containing four suites; Barrow, Nore, Suir and Slaney. The Barrow, Nore and Suir suites were built 12 years ago to modern specifications containing 15 single en-suite rooms each. The Slaney unit was in the original section of the building and contained 12 en-suite rooms and eight single rooms with no en-suite facilities. Shared toilet and showering facilities were available for these residents. The centre had ample communal space for residents including a dining room, lounge, quiet room, sensory room, jigsaw room, visitors room and a cinema room which was being restored as a cinema room at the time of inspection following the COVID-19 pandemic. The Barrow Suite contained an Oratory, Nore Suite contained a games room with a pool table. The Suir suite had a room registered as a lounge for residents but was used as storage for personal protective equipment. This will be discussed later in the report. The centre had an internal courtyard and there was evidence that residents had commenced planting spring flowers including daffodils in the raised flowerbeds in the garden. The main corridor had photographs of residents in attendance at different celebrations in the centre.

The registered provider had two activities co-ordinators equating to 1.3 wholtime equivalents (WTE). Resident activities mainly took place in the lounge. Activities observed over the two days of inspection included specific activities for residents with dementia, exercise class with a number of residents taking part and artwork for St Patrick's day. In the quiet room residents led out on the rosary daily. The resident noticeboard identified the activities available each day. Bingo was available twice weekly and a resident called out the bingo numbers for residents. On a Sunday a selection of residents could get a takeaway. This was rotated each week so all residents could have the opportunity to participate. Residents informed the inspector about live music that was in the centre and how it was on twice the week of inspection due to St Patrick's day and Mother's day. From April onwards residents will be facilitated to access a men's shed in the community and a ladies social group. Residents had access to newspapers. Six copies of a national newspaper were delivered daily. In addition some residents chose to have their own paper delivered.

WIFI was available for residents and the WIFI password was displayed in a number of locations in the centre. Mass was celebrated onsite once monthly and a minister from Church of Ireland attended onsite once monthly. The oratory contained a memory tree with the names of residents who were resident in the nursing home and have since died. The hairdresser attended every second week and was onsite one day of inspection.

The dining experience was observed. Two sittings for each meal were facilitated. Residents were provided with a choice at mealtimes with a resident informing the inspector "that you always get something you want". Staff were available to assist residents who required assistance and this was provided in a relaxed, discreet and unhurried manner. Outside of mealtimes residents were provided with drinks and snacks.

The next two sections of the report present the findings of this inspection in relation to 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

This unannounced inspection was carried out following an application by the registered provider to renew the registration of the centre. Overall, effective governance and management systems were evident in the centre, ensuring good quality person centred care was delivered to residents. In addition, actions outlined in the previous compliance plan from the inspection in August 2022 had been implemented and generally sustained. While no non compliances were identified on inspection, improvements were required in Regulations 3: Statement of Purpose, 16 Training and staff development, 23 Governance and management and 24: Contracts for the provision of services. Additional improvements will be discussed under the domain of Quality and Safety.

The registered provider of the centre was Lawson House Nursing Home Limited. The company had two directors, one of whom was the person in charge and the registered provider representative. The registered provider was not involved in the running of any other designated centres. The person in charge was supported in the role by an assistant director of nursing, a clinical nurse manager, staff nurses, healthcare assistants, housekeeping, laundry, activities and maintenance staff. The registered provider was restructuring the management of the centre at the time of inspection. The centre previously had two assistant director of nurses but management had replaced this role with a clinical nurse manager. Two senior staff nurses were undertaking a management course and management stated that they would be appointed as clinical nurse managers when completed. These additional management roles would provide management oversight on a rotational basis at the weekends. There was one maintenance vacancy and the inspector was informed that this post was advertised at the time of inspection.

The registered provider had a training matrix in place. Generally, the registered provider had good oversight of staff training with few gaps observed. Staff had access to mandatory training including cardio pulmonary resuscitation, safeguarding and manual handling. At the time of inspection staff were being developed through further education in infection control and management.

The annual review of quality and safety of care was completed for 2022 with quality improvement initiatives outlined in the report with a plan to review the activities schedule monthly. Systems of communication were in place. Monthly management and multidisciplinary meetings were held with comprehensive minutes available for review. Communication to staff following the meeting was through the senior healthcare assistant in attendance and minutes were available in the Slaney/Suir nurses' station. In addition, six monthly quality and safety meetings were taking place. Incidents and analysis of falls were discussed at this meeting. Audits were completed monthly against different themes and standards from the national standards for residential care settings for older people in Ireland. Overall, these audits were not identifying issues. Additional audits were undertaken in relation to care planning with actions actioned at the time of audit and maintenance audits. An infection control audit found no issues in relation to equipment and environmental hygiene in the centre.

Contracts reviewed contained the services to be provided and the fees to be charged for such services. While all rooms in the centre were single rooms, not all were en-suite. A small number of residents were sharing bathrooms and this was not contained in the contracts reviewed.

The statement of purpose and function contained the majority of requirements under schedule 1 of the regulations. The floor plans and statement of purpose required review to ensure they were aligned and disparities were observed between staffing for this registration cycle and the previous registration cycle. This will be discussed under Regulation 3.

All written policies and procedures required under the regulations were available and up to date. Incidents were reviewed and all requiring notification were notified to the office to the chief inspector in line with the regulation. The registered provider had an up-to-date insurance policy available for review and up to date.

Registration Regulation 4: Application for registration or renewal of registration

A completed application had been submitted within the required time frame for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been the person in charge of the centre since 1996, is a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. The person in charge was actively engaged in the governance, operational management and administration of the service.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient staffing taking into account the assessed needs of the residents and the size and layout of the designated centre. For example; on day one of inspection the person in charge was on duty, an assistant director of nursing who was supernumery, clinical nurse manager who was included in the staffing numbers and a staff nurse. In addition there were 12 healthcare assistants in the morning and eight in the evening. Two staff nurses and four healthcare assistants were on night duty and one healthcare assistant from 5pm-11pm. Three housekeeping staff were on duty in the morning and one of these covered until 6pm.

Judgment: Compliant

Regulation 16: Training and staff development

A small number of gaps were identified in staff training:

- Five new staff had yet to complete fire training. This was booked for April 2023.
- One staff members safeguarding training was out of date.
- Gaps in infection control training will be discussed under Regulation 27.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents which was provided to the inspector for review. The inspector saw that this was renewed yearly and was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

While the centre had a number of assurance systems in place to be assured of the quality and safety of the service, areas for improvement were identified:

- Audits were not comprehensive enough to identify issues. For example: There were disparities between findings in the local infection prevention and control audits and observations on the days of inspection which indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- A small number of issues were logged as incidents but required addressing under the complaints process.
- Centre specific risks had not been risk assessed and or placed on the risk register. For example; the environment in Slaney unit or the lack of dedicated and compliant hand hygiene sinks.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Four contracts of care were reviewed. All four contracts did not outline the terms on which the resident shall reside.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Discrepancies were observed in the statement of purpose (SOP) and function and floor plans. For example:

- A room registered as a lounge was used as a storage room for personal protective equipment.
- Some staffing grades outlined in the statement of purpose for example; healthcare assistants and housekeeping staff, wholetime equivalent numbers had decreased since the last registration in 2020. Management stated that this was incorrect as staffing had increased. Management stated that they would review the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All incidents were notified to the office of the chief inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available and up-to-date in line with regulation requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents' had a good quality of life in Lawson House nursing home and where possible, were encouraged to live their lives in an unrestricted manner according to their capabilities. Residents had good access to medical, nursing and health and social care providers if required. Improvements were required in relation to Regulations: 27, Infection control, 5: Individual assessment and care planning, 7: Managing behaviours that is challenging, Regulation 8; Protection and 9: Residents' rights.

Visitors were observed in the centre with a high but safe number. It was evident that visitors were welcome. The inspector spoke to a number of visitors and all were complimentary about the care their relative/friend received. In particular visitors informed the inspector about the effective communication between staff and families.

The registered provider had an up-to-date risk management policy in place containing all the requirements of the regulation.

The newer section of the centre was bright and airy with wide corridors. The older wing (Slaney unit) was darker due to the building layout, had narrow corridors which were clutter free. Assistive handrails were in place throughout the centre. There was an ongoing maintenance programme with meeting minutes from December 2022 identifying that a painting plan was in place and the ceiling in the

dining room had been completed. The centre was generally clean on the day of inspection with few exceptions. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. This area was well-ventilated, clean and tidy. The registered provider had identified an infection prevention and control link nurse practitioner. This role had not commenced at the time of inspection but management stated that 12 hours per month would be allocated as protected time for this person to carry out the role. Notwithstanding the good practices observed in the centre, areas for improvements were identified which are discussed under Regulation 27: Infection control.

Systems were in place for monitoring fire safety. The fire alarm system met the L1 standard which is in line with the current guidance for existing designated centres. Signage to guide staff on the evacuation routes was clear and on display in a number of locations throughout the centre. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at recommended intervals. Daily and weekly checks of, for example; escape routes and fire alarm checks were generally carried out as required with few exceptions. Fire drills were taking place approximately three monthly. The majority of staff spoken to were knowledgeable on the evacuation procedure.

All staff had completed training in managing behaviours that challenge within the last two years. A small number of residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were supported by a person-centred and consistent approach to managing responsive behaviours. Behavioural assessments were generally completed and informed a holistic approach to managing residents' responsive behaviours. Approximately 20% of residents had two bedrails in place. Bedrail risk assessments and care plans were completed. Consent forms reviewed indicated that a small number of residents or next of kin had signed a consent form. While the consent indicated that family or the resident were informed, records reviewed did not indicate that families had been consulted. Notwithstanding this the inspector spoke to families who indicated that they were aware of the restraint and it had been discussed with them. In addition, a review of environmental restrictions was required to ensure that all residents that did not require restrictive practices were not negatively impacted on.

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. Staff spoken with were knowledgeable of what constitutes abuse, the different types of abuse and how to report any allegation of abuse. A sample of Garda (police) vetting disclosures reviewed indicated that they were in place for staff prior to commencing employment in the centre. The centre was not a pension agent for any residents but they held petty cash for a small number of residents. A sample of these were reviewed and these were found to be correct. An area for improvement is discussed under Regulation 8: Protection.

The registered provider had assigned a staff member to oversee the updating and management of care plans. This was ongoing at the time of inspection. The inspector observed a sample of care plans and validated assessment tools. Overall

the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of the residents. Care plans were updated at four monthly intervals. However, improvements were required in updating of validated assessment tools.

Residents were consulted about the running of the centre through monthly resident meetings and a satisfaction survey. Areas for action were identified by residents in the satisfaction survey. Management stated that each of these was addressed on an individual basis. The lounge was a hive of activity throughout the two days of inspection and notice boards displayed the activities for each day along with the dates for the live music. A number of residents were enthusiastic about the activities and while some did not participate, they observed other residents taking part.

Regulation 11: Visits

Visitors were observed in the centre over the two day inspection. Open visiting was taking place with a temperature check only at the entrance to the centre. Visitors confirmed there was no restrictions on them visiting family and friends.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a residents' guide available for residents. The guide contained all the requirements set out in the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date risk management policy in place. The policy identified the measures and actions for the five specified risks outlined in the regulations. In addition, the policy also outlined the procedure for managing serious incidents in the centre.

Judgment: Compliant

Regulation 27: Infection control

While the inspector observed that the centre was generally clean on the day of inspection, improvements were required in order to ensure that procedures are consistent with the national standards for infection prevention control in community services. For example:

- Equipment such as hoists and the housekeepers cleaning trolley were observed to be unclean. These were actioned during the inspection however, continuous oversight of the hygiene of these and other equipment was required. Furthermore, the inspector was informed that equipment cleaning schedules were not in place.
- The majority of staff had not completed infection control training within the last year. This is not in line with the centres' own policy which states that infection control training should be yearly.
- Housekeepers had not completed training in the principles and practices of cleaning.
- There was a limited number of dedicated hand hygiene sinks located in a convenient location in the centre. In addition, hand hygiene sinks were not compliant with the required specifications.
- A foul smell was noted in a store rooms in each of the Nore, Barrow and Suir suites.
- The location of the sluice room for the Barrow, Nore and Suir suites was less than optimal. Staff had to transverse onto a main corridor which was a thoroughfare for visitors, residents and staff to access the sluice room.
- While the Barrow, Nore and Suir suites were well maintained, the Slaney suite was in an older section of the centre. General wear and tear was noted throughout on doors and skirting which did not aide effective cleaning.
- Bottles used to hold cleaning solutions were topped up each day. None of the spray bottles observed were dated.
- The sluice room in Slaney unit contained no racking for inverting bedpans and urinals.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans were reviewed and while significant improvements in care planning had taken place since the last inspection in August 2022, further areas for action were identified:

- The social care plan for a newly admitted resident had not been completed.
- A smoking risk assessment had not been completed on a resident who smoked. This was highlighted on the day and actioned.
- A small number of risk assessments on one resident had not been completed at four monthly intervals. For example; the bed rail assessment had not been completed since October.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' had access to general practitioners on either a weekly or fortnightly basis. Outside of this time the general practitioner was available via a healthcare mailing system. Outside of working hours an on call service was used. A physiotherapist attended onsite once weekly. Residents who fell in the intervening period were reviewed and or any other residents requiring review. This fee was covered by the registered provider. Occupational Therapy was accessed via the Health Service Executive and the inspector was informed that there is approximately a three month waiting list. Speech and language therapy, dietetics and tissue viability advice was accessed via a private company.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed good practices in the centre in relation to managing behaviours that challenge, however, areas were identified that require review:

- All external doors leading out onto the external courtyard were locked except for one which was unlocked throughout the day. These environmental restrictions required a risk assessment to determine the impact on residents' freedom and safety.
- Improvements were required in the documentation of discussions held with residents and families before initiating an episode of restraint in line with national policy.

Judgment: Substantially compliant

Regulation 8: Protection

While the registered provider was not a pension agent for any residents, the systems for supporting residents with their personal finances required strengthening to ensure that they were secure. For example; a small number of residents had money paid into the Lawson House bank account for sundry items and not a separate client account.

Judgment: Substantially compliant

Regulation 9: Residents' rights

- Meeting minutes reviewed of resident meetings identified areas of concern raised by residents. However, an action plan did not indicate if these areas for concern were actioned. Furthermore, a small number of residents informed the inspector that meetings were repetitive with the same issues being discussed at each meeting.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lawson House Nursing Home OSV-0000244

Inspection ID: MON-0038781

Date of inspection: 15/03/2023

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire training for five new staff members was completed on April 18th, 2023.</p> <p>The one staff member who's safeguarding training was out of date has been since been completed on March 30th 2023.</p> <p>Infection prevention control training – See Regulation 27.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An Infection Prevention and Control link nurse has been identified for Lawson House. This nurse has recently completed FITAC - IPC Train the Trainer programme. Future audits will be comprehensive enough to ensure issues are identified. IPC audits will check the cleanliness of all equipment and the environment in accordance with best practice. Cleaning schedules will also be examined to ensure that the environment and all equipment is cleaned and in good repair.</p> <p>Areas for improvement identified in the audit process will be followed up by the appropriate actions within a specified timeframe.</p> <p>All future incidents will be reviewed by the management team to ensure the correct categorisation of incidents and complaints. Incidents that are deemed high risk are given</p>	

immediate attention.

The lack of the dedicated and compliant hand hygiene sinks identified during the inspection have been added to the risk register. We are currently sourcing a hand hygiene sink which fits the criteria and is compliant with regulations. Once sourced a plan will be put in place to begin replacement according to available budget. Environmental concerns due to wear and tear for example in the Slaney unit will be identified and addressed as part of ongoing maintenance.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All contracts of care were updated on 24.03.23 to include single occupancy bedroom "with ensuite bathroom" or single occupancy bedroom "with shared bathroom" where applicable.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The suir lounge was used as a storeroom for PPE during the pandemic. A plan is in place to remove the PPE and return the room to a lounge.

The whole-time equivalent numbers for staffing grades within the statement of purpose and function were reviewed and updated on 24.03.23 to verify that staff numbers have increased. The updated statement of purpose and function was emailed to our inspector on the same day.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

An inventory of all equipment is currently being prepared and a cleaning schedule will be created to ensure that all equipment is regularly cleaned.

All staff members have completed "National standards for infection prevention and control in community services: Putting the standards into practice training on the hseland since the inspection.

An effective cleaning and Infection control course has been sourced for all members of the housekeeping team. We are currently awaiting confirmation of training dates.

Our response to the lack of dedicated and compliant hand hygiene sinks has been addressed under regulation 23. The wear and tear of the slaney suite has also been addressed under this regulation.

In order to rectify the issue with the foul smell in each of the store rooms in the Barrow, Nore and Suir suites the continence wear bins have been removed and are now located in the sluice rooms.

The location of the sluice room for the Barrow, Nore and Suir suites is currently under review by the management team.

We are currently liaising with the chemical supplier to source suitable labels to use on the spray bottles holding cleaning solutions.

New racking for inverting bedpans and urinals for the sluice room in the slaney suite have been purchased and installed.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A plan was commenced in February 2023 for the ADON to overview the care plans for all Residents. This plan included audit, follow up and guidance for the nurses in person centered care plan development and review with resident/family involvement. This plan was in process at the time of the inspection and a copy of the plan in progress was available for the inspector. The ADON continues to follow this plan.
In addition, the ADON will also overview and guide nurses in the assessment process to ensure both timely and accurate assessments for all residents.
Audits of care plans and assessments will be carried out at regular intervals. Audit tools will be further developed to ensure they are fit for purpose in identifying areas for improvement.
The ADON will also overview the care plans and assessments for all new residents to Lawson House. This will ensure all necessary assessments have been completed and the

new residents have an person centered care plan in place within 48 hours of admission. Care plan initiation and assessment will be carried out by the admitting nurse and will involve resident / family and pre admission assessment documentation. The assigned named nurse (or other nurse in their absence) will continue the care planning process and review with the resident under the guidance of the ADON.

The social care plan for the newly admitted resident was completed on 22.03.23 following discussions with the named nurse, activity coordinators and in consultation with family.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A risk assessment has been completed for all doors on the circular corridor leading to the internal courtyard.

This includes doors on the slaney corridor and circular corridor as well as doors adjacent to the sitting room and close to the Barrow/ Nore nursing station.

The risk assessment showed that we currently have a number of Residents who have poor safety awareness and require staff support with mobilisation.

These Residents are at high risk of falls if they were to wander outside without supervision.

Limiting the number of doors open at any one time is now currently in place. Residents who can safely go outside alone are informed of which doors are opened.

More doors can be open weather permitting when staff supervision and support for all Residents is possible at times of relaxation and activity.

A further risk was raised by the Residents themselves as follows and was also risk assessed:

Risk of Residents discomfort from open doors causing a draught.

Staff to assess on a daily basis

1. Resident safety and comfort
2. wishes of Residents
3. Weather and outside temperature levels

Decision then made which doors to leave open.

All future discussions with Residents / family to initiate any restraint, eg. bed rails, will be documented in Epiccare and consent forms signed.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A small number of families were spoken to individually, in regards to no longer accepting lodgments into the Lawson House account for sundries. These families are happy to make alternative arrangements.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Management had a meeting with both activity coordinators to assist them in the planning and documentation of future resident meetings to ensure that all issues raised are followed up to the satisfaction of the Residents in an agreed timeframe. Activity coordinators have been advised to check resident satisfaction with completion of all action plans at each meeting. All action plans with timeframes, and outcomes to be documented in the meeting minutes.</p>	

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	18/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	24/03/2023

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24/03/2023
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	30/04/2023

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	13/04/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	21/03/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	06/04/2023