



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

Issued by the Chief Inspector

Name of designated centre:	St Lazerian's House
Name of provider:	St. Lazerian's House Limited By Guarantee
Address of centre:	Royal Oak Road, Bagnelstown, Carlow
Type of inspection:	Unannounced
Date of inspection:	28 August 2020
Centre ID:	OSV-0000556
Fieldwork ID:	MON-0029829

About the designated centre

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

St. Lazarian's House Supported Care Home is conveniently located in Bagnalstown village. The centre provides an opportunity for people to enhance their independent quality of life in a safe and comfortable environment with a wide range of support and social facilities. The centre caters for 20 male and female residents over the 18 years old from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the person in charge. Residents' accommodation is located on the ground floor throughout. The centre has 12 single and four twin bedrooms, none of which have en suite facilities. Six toilets and two showers are provided to meet residents' needs. There are two sitting rooms and a dining room off the kitchen. The centre has a small oratory and a holy shrine in the garden. A laundry and a sluice room are also available. There is a parking area to the front and side of the premises with extensive gardens to the front of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Friday 28 August 2020	10:00hrs to 15:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

There was a very relaxed and easy, unhurried atmosphere in the centre with lots of laughter and fun for residents on the day of inspection. The inspector observed impromptu singing of favourite songs by some residents and one resident who was an all Ireland Irish dancing champion demonstrated her Irish dancing skills. While residents understood and accepted that the restrictions on their life in the centre and with maintaining their established links in the local community were necessary to keep them safe, it was also evident that they missed their previous lifestyle and liberties and were longing for a return to normality. Staff ensured the various infection prevention and control precautions were respected, but made every effort to ensure these lifestyle restrictions impacted on residents' usual daily routine as little as possible. Residents could continue to enjoy their interests and hobbies and there were several examples of this on the day of inspection. For example, one resident had a carpentry work shed on the grounds of the centre and he liked to spend his day working there. This resident was involved in building a large wooden gazebo with sheltered sides in the garden for use by other residents in the centre to rest and relax. This gazebo was a favourite place for one resident who loved spending time relaxing in the outdoors.

Residents told the inspector that they were very content with living in the centre. They gave high praise to the staff for their 'kind attitudes', 'concern for them' and willingness to do 'anything for them'. Some residents described staff as being 'as close to them as family members'. The inspector observed that staff spoke kindly and respectfully with residents and they knew them and their individual preferences very well.

Residents had a choice of communal rooms for their use. All residents had their meals in three areas prepared to facilitate social distancing during mealtimes. Dining tables were arranged to ensure social distancing recommendations were adhered to. Residents told the inspector that mealtimes in the centre was a highlight of their day and that the chef was 'brilliant', 'always cooked up something nice and tasty' and would cook 'absolutely any dish' to make sure residents had a nutritious meal.

Residents were satisfied with the arrangements for their visitors to come and see them. One resident spoke about the COVID-19 outbreak and described it as 'the worst possible thing that could happen' and expressed gratitude that they had recovered without any ill effects. Residents and staff spoke fondly about the two residents who sadly passed away and reminisced on the happy times shared with them in the centre. Residents confirmed that they were provided with relevant information about the COVID-19 outbreak. They appreciated and understood the need for social distancing and the importance of regular hand washing and respiratory etiquette. Several residents said they were reassured and felt safe with the rigorous procedures and practices in place to keep them safe from infection.

The inspector was told by two residents that their views were always listened to and

they felt part of the centre community. All residents who spoke with the inspector said they had no complaints about the centre and that 'it was the best place in Ireland'. Several residents spoke in very complimentary terms about the person in charge and some of the staff.

Capacity and capability

St. Lazerian's House is managed by St Lazarian's House Limited by Guarantee and was 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 only, in a homely environment. St Lazerian's House describes its service as a low dependency, supported care facility, that offers 24-hour personal and social care to older people over 65 years of age. Nurse-led care is not provided outside of office hours. The governance structure of the centre includes a board of management, one of whom is the registered provider representative. The centre has an appropriately qualified and experienced Person in Charge (PIC).

This was an unannounced risk inspection completed following a COVID-19 outbreak in the centre on 18 May 2020. At the time of this inspection, the COVID-19 outbreak in the centre was over. The person in charge is the only nurse employed by the provider. The provider and person in charge had liaised with the HSE crises management team and agreed a contingency plan in the event of an outbreak of COVID-19 in the centre. However, despite their best efforts of the person in charge and staff, the service was unable to meet the isolation and increasing nursing needs of residents with COVID-19 infection. On 29 May, a decision was made to transfer all the residents in the centre to intermediate and acute care facilities where isolation arrangements and 24 hour nurse-led care was available to meet their needs. This effective communication by the provider and person in charge with the health service executive (HSE) and the supports from the primary and public health teams ensured the centre was provided with expert guidance and supported with effective action to ensure the increasing healthcare needs of residents were met. A total of nine residents and four staff contracted the virus. Seven residents recovered but sadly two residents with COVID-19 passed away.

Prior to residents return to the centre on 22 June 2020, the provider met with the health information and quality authority to assess their readiness to accept residents back. The need to make the centre a safer place for residents during the COVID-19 national emergency was identified and the provider agreed to install an en suite in one bedroom and to install an additional shower and toilet to ensure residents who contracted COVID-19 could be effectively isolated and the risk of cross infection would be reduced with increased shower and toilet facilities for residents. The provider also gave assurances that they would employ a second nurse to support the person in charge, deputise in her absence and to strengthen on-call arrangements in preparedness for increased nursing needs of residents with COVID-

19 or other illnesses. While, night-time health care assistant staffing was increased, the nursing staff arrangements remained unchanged and the provider had not progressed the plans to mitigate the infection risk to residents in the event of another COVID-19 outbreak. Therefore, the service continued to be vulnerable due to the provider's delay with resourcing and completing agreed remedial actions in preparedness for a further COVID-19 outbreak.

A review of the rosters found that staffing levels were allocated to meet the needs of residents and ensured delivery of person centred care. While, staffing levels reflected the information described in the statement of purpose, this required review to ensure the service can meet the needs of residents with COVID-19. Staff described the outbreak as challenging at times but said they were well supported by the person in charge and the support services put in place for them by the provider.

Staff training included training on infection prevention and control, cleaning procedures, use of personal protective equipment and hand hygiene. The inspector found that residents were also well informed about COVID-19 infection control procedures that included hand washing and social distancing. The person in charge was facilitated to receive training on taking viral swabs to test for COVID-19 infection. This meant that there was no unnecessary delays with taking viral swabs for residents who became symptomatic. This was also a positive outcome for residents as they were isolated for the shortest time possible and it also reduced the use of PPE.

The inspector found that staff were very well informed about the symptoms of COVID-19, including atypical symptoms and were knowledgeable about isolation procedures and the latest infection control guidelines published by the health protection and surveillance centre. There was a comprehensive monitoring system in place for residents and staff to detect symptoms related to COVID-19 without delay. There was also a good tracking system where the time-lines of testing, test results, infection and outcome were clearly recorded

There was good evidence of consultation with residents and their families. Communication with residents was prioritised during the COVID-19 outbreak and thereafter. Residents were very positive in their assessment of the quality of the service and the quality of life they were empowered to enjoy. Residents also acknowledged the huge efforts staff made with keeping them safe.

Residents told the inspector that they were aware of the complaints procedure and said they would express their dissatisfaction or concerns to the person in charge, their family or staff they had got to know well.

Regulation 15: Staffing

This centre is registered on the basis that residents do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The staffing model as set

out in the staff rosters reflected the staffing described in the centre's Statement of Purpose (SOP). Although health care assistant staff were knowledgeable and skilled in providing high standards of care to residents, a nurse was not available outside of 08:00 to 17:00hrs five days each week. This situation impacted on residents by necessitating the transfer of all 13 residents in the centre at the start of the COVID-19 outbreak in the centre to intermediate and acute care facilities to ensure their nursing needs could be met.

A senior health care assistant deputises for absences by the person in charge with an arrangement for on-call external nursing support. This arrangement did not provide sufficient assurances regarding availability of sufficient nurses to meet the needs of residents. Assurances given by the provider regarding the employment of a nurse to deputise for the person in charge were progressed but not completed at the time of inspection.

A judgement of not compliant was made due to the the impact of inadequate nursing staff on residents during the COVID-19 outbreak and that the provider had not put nursing resources in place to ensure this situation did not recur.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory and professional training and at the time of this inspection staff were up to date with mandatory training in fire safety, safeguarding of vulnerable adults and safe moving and handling procedures. All staff working in the centre had attended training in infection prevention and control and completed the relevant COVID-19 training as recommended in HPSC guidance. Staff education was ongoing and included practical demonstrations on donning and doffing PPE, hand hygiene and infection prevention and control precautions.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were examined by the inspector and they contained all information as required in Schedule 2 of the regulations. The staff files examined contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The Inspector received assurances from the person in charge that all staff working in the centre had completed An Garda Síochána vetting disclosures before commencing employment and this information was in their staff files.

A signed and dated daily record of each resident's health, condition and treatments given was maintained by the person in charge.

The inspector found that no restrictive procedures or equipment was in use. A register was available to record any restrictive procedures or equipment used in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider representative and person in charge, supported by a board of directors, had satisfactory governance and oversight arrangements of the service in place. There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the centre's statement of purpose.

There were systems in place to monitor the quality and safety of the service and to ensure residents' quality of life in the centre. A commitment to continuous quality improvement was evident. Clinical audits were also carried out on infections, care plans, medications and others. The results of audits were analysed and actioned appropriately. The leadership and management team ensured that care and services were person-centred in line with the centre's statement of purpose and stated objectives. An ethos of person-centered care and resident empowerment was evident in staff practices and attitudes.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre during 2019 was completed in consultation with residents.

The provider needed to take stronger action to ensure the safety and welfare of residents during the COVID-19 pandemic. Normally arrangements were made for a resident to transition to a nursing home when their care needs increased. However, the situation changed during the COVID-pandemic and as resident's care needs increased, the availability of nurses to provide nursing care was inadequate. This together with ineffective isolation facilities in the centre during the recent COVID-19 outbreak in May 2020 resulted in 9 of the 13 residents contracting COVID-19 and triggered a decision to transfer all residents out of the centre.

A review of the COVID-19 outbreak identified the need to make the centre a safer place for residents by converting a bedroom into an en suite room with a shower. This room could be used to isolate a resident with suspected or confirmed COVID-19 infection and mitigate the risk of infection spreading to other residents. The plan also included the installation of another shower and toilet facility and to employ a nurse to support the person in charge and strengthen on-call arrangements. These plans were agreed at a meeting with HIQA in June 2020 prior to residents returning to the centre. However, the nursing staff arrangements remained unchanged and the provider had not progressed the plans to mitigate the risk to residents in the

event of another COVID-19 outbreak.

This improvement plan needs to be resourced and progressed without delay to ensure the centre is prepared for possible future COVID-19 outbreaks.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was being reviewed for 2020. The document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 31: Notification of incidents

There were no incidents of serious injury to residents requiring notification to the Health Information and Quality Authority (HIQA). Notification of other events including the COVID-19 outbreak in the centre and the unexpected death of two residents due to COVID-19 infection were completed within specified timescales.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider and person in charge welcomed feedback on the service from residents and their relatives and provided them with a variety of ways and opportunities to communicate their views including in day-to-day discussions and regular residents' meetings. The complaints procedure in the centre was displayed and summarised in the centre's statement of purpose, a copy of which was given to each resident. While appropriate arrangements were in place to record, investigate and communicate outcomes of complaint investigations to complainants, there were no complaints logged. The inspector was assured from discussions with residents that they had high levels of satisfaction for the service and care they received. An independent appeals process was available if any complainants were dissatisfied with the outcome of investigations by the complaints officer in the centre.

An independent advocacy service was available to assist residents with making a complaint if necessary.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available, implemented and were specific to the centre. The centre's policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information. Policies to inform procedures relevant to COVID-19 such as, infection prevention and control, visiting and admission of residents were recently updated.

Judgment: Compliant

Quality and safety

Residents' in the centre had low dependency medical and health care needs and these needs were met to a good standard. As 24 hour nursing oversight was not available, procedures were put in place where residents were transferred to the acute services if they became acutely ill or to appropriate long-term care facilities when their needs could no longer be met in the centre. While, this arrangement usually worked well, it presented challenges during the recent COVID-19 outbreak in the centre as some residents' health deteriorated quickly. This did not give residents choice to remain in the centre while they were relatively well but in need of nursing support or to receive end-of-life care in the centre. However, during the COVID-19 outbreak, the multidisciplinary working arrangements established between primary care services, staff in the centre, and the public health team meant that information was shared and that everyone was aware of the evolving care situation in the centre and they contributed their professional expertise to guide staff and ensure the best outcomes for residents.

Residents' care plan documentation provided assurances that residents' needs had been comprehensively assessed and care interventions were respectful of their individual preferences and choices. There was good evidence that residents were consulted with regarding their care plans and that they received a high standard of evidenced based care to meet their needs.

Having experienced and recovered from an outbreak of COVID-19 in the centre, the provider, person in charge and staff team were committed to keeping residents and staff in the centre free of further COVID-19 infection with implementing and rigorously adhering to infection prevention and control procedures and practices. However, the centre's preparedness plan required strengthening to ensure

residents could be effectively isolated as a precautionary measure or if they become symptomatic. Arrangements were in place to keep staff informed of all guidance published by the health protection and surveillance centre (HPSC) and to ensure it was implemented.

The provider ensured there was a plentiful supply of PPE available and that it was appropriately used by staff. Signage was in place throughout the centre advising of COVID-19 infection prevention and control precautions. Residents' equipment was observed to be spotlessly clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. Clinical waste was appropriately segregated and securely stored awaiting removal by a waste management company. Laundry procedures in the centre were in line with best practice to mitigate potential risks of cross infection.

Staff training in the centre included health screening procedures and up-to-date information in relation to COVID-19 symptom presentation. The person in charge was trained to take viral swabs and there was a supply in the centre so that any resident with symptoms could have a test without delay. Resident and staff health screening included recommended temperature checking to ensure that any symptoms of COVID-19 infection were detected at the earliest opportunity and appropriate containment measures were put in place.

Restricted visiting into the centre put in place in March 2020 had been eased and residents were enjoying scheduled visits with their relatives and friends again. Residents had opportunities to participate in meaningful varied activities that promoted their independence to pursue their interests and choices. Opportunities were also available for residents to participate in coordinated activities in the centre with social distancing arrangements in place. A daily exercise session facilitated as part of the activity programme especially helped residents who had recovered from COVID-19 with their rehabilitation and with maintaining their mobility and strength.

The provider had taken measures to safeguard residents from being harmed or suffering abuse and ensured all staff had received training in the protection of vulnerable people. Staff interactions with residents were observed by the inspector to be respectful, courteous and kind. Staff had developed positive relationships with residents and they knew them and their preferences well. This had a very positive impact on the quality of life of residents living in the centre.

Regulation 11: Visits

Restricted visiting procedures were in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection and was informed by a policy that was kept updated and implemented in line with revised HPSC guidance on visiting in residential care facilities. Visiting was scheduled over seven days each week and appropriate records were maintained and the visiting procedures ensured that recommended infection prevention and control precautions were implemented.

A suitable area within the centre with direct access from the outside was used to facilitate safe visiting arrangements.

Judgment: Compliant

Regulation 13: End of life

A review of resident's records showed that residents were given opportunity to have meaningful discussions regarding their end-of-life wishes and preferences with their GP and staff in the centre. This information was clearly recorded in residents' care documentation. Arrangements were in place for all residents to transfer to intermediate or acute care facilities when their health deteriorated to a level where end of life care was appropriate. This arrangement ensured that residents received appropriate care and support including pain and symptom management.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the communal areas in the premises met residents' individual and collective needs in a very comfortable and homely way. All areas of the centre were easily accessible, bright, visibly clean and well-maintained. The centre's internal facilities were all recently painted. Resident's bedrooms were personalised with their photographs, soft furnishings and ornaments. There was comfortable seating for residents so they could rest and relax in their bedrooms if they wished. Residents had adequate space for their clothing and a locked cupboard for their valuables.

The residents' bedroom accommodation was provided in 12 single and four twin bedrooms, none of which had en-suite facilities. Although, there were six toilets at various locations in the centre, some of these toilets were not conveniently located to residents' bedroom accommodation and as a consequence there was an increased number of residents who used two toilets close to the bedrooms. Two shower rooms were provided and as the centre accommodates a maximum of 20 residents, a third shower facility was required to ensure residents' needs were met and that the premises was in compliance with the regulations.

A judgement of not compliant was merited because the location of toilets and inadequate numbers of showers available to meet residents' needs, posed a significant risk to the safety and well-being of residents.

Judgment: Not compliant

Regulation 27: Infection control

An infection prevention and control policy and procedures were in place. This information included COVID-19 precautions updated and implemented in line with guidance provided by the health protection and surveillance centre (HPSC).

Staff were educated in good hand hygiene techniques, COVID-19 and donning and doffing personal protective equipment (PPE). Residents were also facilitated to attend this training with staff. The provider purchased an ultraviolet light box to help residents and staff with learning hand hygiene procedures. The inspector observed staff and residents to be meticulous in completing appropriate hand hygiene and maintaining social distancing procedures. Staff were very well informed and knowledgeable regarding the infection prevention and control standards and updated COVID-19 guidance. Hand hygiene notices and other recommended infection prevention procedures such as social distancing were displayed throughout the centre.

Chairs in the sitting rooms and dining rooms were arranged to facilitate social distancing

All staff had access to personal protective equipment and there was up to date guidance on the use of these available. Staff were observed to be wearing surgical face masks as per HPSC guidance. Some residents also choose to wear face coverings and this was facilitated for them. Alcohol gel dispensers and disinfecting wipes were in plentiful supply and available throughout the centre.

The centre premises were well organised, airy, uncluttered and visibly clean. There was a flat mop system in place for floor cleaning and a colour coded system was in place to prevent cross infection. There were comprehensive daily cleaning records and deep cleaning schedules which were complete. Housekeeping staff who spoke with the inspector were aware of their roles and responsibilities and were knowledgeable about the cleaning processes required. Equipment in use was noted to be spotlessly clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. The storage of clinical waste was secure.

Laundry management reflected best practice, there was a separate entrance for used laundry and an exit through which clean laundry was dispatched to resident areas. Washing machines were checked regularly to ensure wash cycles were at appropriate temperatures and greater than 60 degrees where laundry required washing at a high temperature.

A new digital scanning system had been introduced at the entrance to actively monitor staff and visitors' temperature as a contactless procedure. Staff temperatures were recorded twice daily and staff were aware of the local policy to report any symptoms to their line manager. There was a staff uniform policy and appropriate staff changing facilities were available. The centre was arranged into

Pods with assigned staff to each to minimise movement of residents and staff throughout the centre as much as possible to reduce any risk of cross infection between pods.

Although, the centre was clear of COVID-19 at the time of this inspection, the current arrangements for isolating residents with any signs or symptoms of infection were not optimal as residents used two showers in the centre in the absence of en suite bedroom facilities and posed a cross infection risk. This issue is discussed under regulation 17; Premises.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed prior to and following admission. Reviews of care were completed at four month intervals or when residents' care needs changed. Residents' care plan focused on optimising residents' independence and each resident had a person-centred care plan that clearly described their preferences and wishes regarding the care and supports they needed from staff to meet their individual needs.

Staff used a variety of accredited assessment tools to assess residents' needs and developed a person-centred care plan in consultation with them. Residents were aware of the information in their care plans and were very involved in developing and reviewing this information. The information in the four residents' care plan examined was detailed and clearly outlined the care procedures that staff should complete for each individual resident. These procedures described individual routines, personal care practices including preferences regarding personal grooming.

Residents were closely monitored for changes in their health and wellbeing or any indication of ill health including COVID-19 infection. Wounds and any irregularities on residents' skin was comprehensively documented and care records showed that early and appropriate interventions had been put in place to prevent deterioration. Recommendations from social care professionals such as the dietician, tissue viability or speech and language therapist were documented in residents' care plans and were implemented with good outcomes for residents. Residents were monitored for any evidence of unintentional weight loss or gain. From discussions with residents and staff, the inspector was assured residents were provided with adequate food and fluids to meet their needs. The chef ensured residents' diets were tailored to each residents' choices and care needs.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a general practitioner (GP) of their choice. During the COVID-19 outbreak in the centre, their GP visited the centre including when residents became ill with COVID-19 infection. This arrangement ensured there were no delays to residents receiving appropriate interventions and treatment. As nursing resources were not available in the centre during the night and at weekends, a decision was made in collaboration with the multidisciplinary primary care and public health teams, to transfer all residents out of the centre at the peak of the COVID-19 outbreak to local intermediate care facilities and the acute hospital to ensure their nursing needs were met.

Residents had access to health and social care professionals including physiotherapy, occupational therapy, speech and language therapy and a dietician as needed. Most residents attended these services in the local health clinic. Recommendations and treatment plans developed by specialist health and social care professionals were documented in residents' care plans and implemented by staff. A chiropody service was available to residents.

Residents were supported to attend out-patient appointments as appropriate and guidance from the public health team had been provided to staff about the precautions to follow when residents attended appointments.

Active monitoring and surveillance for signs and symptoms was carried out several times a day and residents' vital signs and baseline measurements were recorded on a minimum of twice a day.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke with the inspector reported they felt safe and secure in the centre and that staff were always very kind and caring. The inspector observed that all staff interactions with residents were positive, person-centred and therapeutic.

Staff training evidenced that all staff had received up-to-date training in the prevention, detection and response to abuse. Staff were knowledgeable regarding the different types of abuse and possible presentation. Staff who spoke with the inspector also clearly articulated their responsibility to report any concerns to management.

Residents had access to an independent advocate whose contact details were on display in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was a strong emphasis on good consultation with residents regarding every aspect of their lives in the centre and their collaboration with running the centre was valued by the provider, person in charge and staff. Residents' views were sought and welcomed and no decisions were taken without the input of residents.

The inspectors was assured from discussions with most residents, the person in charge and a review of residents' records that residents and their families were kept informed of the situation in the centre during the recent COVID-19 outbreak. Residents confirmed that they were told about the COVID-19 test procedure and the results. Residents who tested positive for COVID-19 were reassured and the associated changes to how their care was delivered and the infection prevention and control procedures that had to be followed were clearly explained to them. The rationale for transferring them out of the centre to other care facilities for their safety and ongoing care needs was also explained in detail to them. The difficult time experienced by residents including the deaths of two residents due to COVID-19 was acknowledged and they were remembered in prayers in the centre.

A social assessment had been completed for each resident and this information gave staff an insight into each resident's life history, hobbies and preferences. This information informed residents' social care plans. While an activity coordinator organised activities for residents, health care staff had a key role in meeting residents' social and emotional needs and they spent time with residents to ensure they were not socially isolated. Most residents preferred to be out and around the centre participating in the resumed group activities, taking short walks in the centre and around the garden to maintain their muscle strength and meeting with other residents. Residents' capacity to exercise personal autonomy and choice was optimised and residents decided how they spent their day. An activity coordinator facilitated socially distanced group activities in one sitting room and some residents chose to participate in these sessions. Another resident relaxed in another sitting room and enjoyed an episode of 'The Crown' from Netflix made available to residents so they can watch their favourite movies or box sets. Jigsaw puzzles were popular with some residents, while others chose to read or listen to the radio. One resident has a car and likes to go out driving. The inspector was assured that residents were happy, content and living meaningful lives in the centre.

Residents' privacy was respected by staff at all times and staff were seen to knock on residents' bedroom doors before entering and to close bedroom and toilet doors during personal care activities. The centre's hairdresser attended the centre two days each week.

Residents were able to practice their religious faiths. A prayer group from the local church and a local preacher comes into the centre on a Sunday. Residents participated in Mass remotely from a local church. Access to religious clergy was maintained throughout the period of the outbreak and visits by religious clergy from the different faiths took place on a regular basis.

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Lazerian's House OSV-0000556

Inspection ID: MON-0029829

Date of inspection: 28/08/2020

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: St Lazerian's House have appointed a Nurse for 20 hours per week and who will be available to increase hours if required, we are awaiting references and Garda Vetting. There are two Healthcare Assistants on duty over a 24-hour period providing personal and social care in 2 pods. The Person in Charge is also available out of hours.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Work is commencing on the isolation room on the 6th October 2020 and will be completed in 3 weeks on the 27th October 2020</p> <p>Work will then commence on the bathroom on the 27th October and will be completed on the 12th November 2020</p> <p>A nurse to work 20 hours per week has been appointed, awaiting references and Garda vetting, this will support the Person in Charge (Nurse) with on-call arrangements and extra support for the residents and Healthcare Assistants. The nurse will be able to increase hours if required during an outbreak. The Nurse will be in place by 2nd November 2020</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Work is commencing on the isolation room on the 6th October 2020 and will be completed in 3 weeks on the 27th October 2020</p> <p>Work will then commence on the bathroom on the 27th October 2020 and be completed on the 12th November 2020</p> <p>An application for funding has been sent to Carlow County Council to convert the other double rooms to single en-suite</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	02/11/2020
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant		12/11/2020
Regulation 23(a)	The registered provider shall ensure that the	Not Compliant	Orange	12/11/2020

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	12/11/2020