



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 Company Limited By Guarantee
Address of centre:	Royal Oak Road, Bagenalstown, Carlow
Type of inspection:	Unannounced
Date of inspection:	14 March 2022
Centre ID:	OSV-0000556
Fieldwork ID:	MON-0033357

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 Bagenalstown 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 18 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 three 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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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
Monday 14 March 2022	09:15hrs to 15:45hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector observed that residents were supported to enjoy a good quality of life. The inspector met with many residents during the inspection and spoke with five residents in more detail. Residents confirmed that this was a nice place to live and that the staff were very supportive and assisted them to maintain their independence while at the same time providing necessary support. It was evident that the staff knew the residents very well and were familiar with the residents' daily routines and preferences for care and support.

Following an opening meeting, the person in charge accompanied the inspector on a tour of the premises, where they also met and spoke with residents in the corridors and in the dining and day room. The inspector saw that the centre was a two-story building set in Bagenalstown town centre within walking distance of the shops, post office and church. The centre was set out on two acres, and residents had access to wide pathways across much of this area. The wooded gardens were also set out with seating and planting for residents to enjoy.

The communal areas were large, bright spaces which were nicely decorated and contained comfortable furnishings. Corridors within the centre were wide and fitted with handrails which assisted residents to freely move throughout. Residents were seen to be happy and content as they went about their daily lives. Residents reported that they enjoyed the food, going into the garden, and ladies enjoyed the visit in the centre's hairdresser saloon. With the resident's permission, the inspector entered some bedrooms and saw that each was bright, spacious and clean. Bedrooms were pleasantly decorated with photos, furniture and pictures from home.

Daily menus which were on display. Residents could choose to eat in their bedrooms or in the dining or sitting areas. Mealtimes were observed to be a social, unhurried experience and the inspector saw the food was appetising and well presented. A choice of hot and cold refreshments and snacks was available to the residents throughout the day.

An activities schedule on display for residents and staff this aligned with the activities observed on the days of inspection. The activity coordinator and the staff supported some residents to engage in social activities, including saying a daily rosary together.

There was a friendly relationship between the staff and residents. When asked about complaints, residents commented that they 'never had to complain' about anything or 'there is nothing to complain about' and were happy in the centre.

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

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. St. Lazerian's House was established in 1988 for the provision of supported care for low dependent older people from the local and surrounding areas. The centre is operated by St. Lazerian's House Company Limited By Guarantee. The centre is run by a voluntary board of management. 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 residents, and if the 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 registered as a nurse. The centre operates on a social model of care.

The person in charge is a full-time position working Monday to Friday and is on call at the weekends. There is also a nurse who works in the centre four days per week to provide aspects of nursing care, but the centre does not provide 24-hour nursing care. Staffing and skill-mix were appropriate to meet the needs of the residents on the day of the inspection. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staff had access to education and training appropriate to their role. There was a recruitment procedure in place. Staff had An Garda Síochána (police) vetting disclosure prior to starting work in the centre.

Governance meetings were held with the Board of management on a quarterly basis. Records of staff and management meetings provided to the inspector demonstrated that issues were discussed and corrective actions were implemented as required.

The inspector reviewed a number of audits that the registered provider had conducted in 2021 and in 2022. The person in charge had completed audits for areas such as safeguarding, fire safety, infection control, privacy and dignity, diabetes, falls and call bells. Audits reviewed were seen to be thorough, and any actions that were needed to drive improvement were being progressed.

The accidents and incidents in the centre were recorded, appropriate action was taken, and they were followed up on and reviewed.

The annual review for 2021 evidenced that residents or families were consulted in its development and a copy of the review was available in the centre for residents and families.

Regulation 15: Staffing

A review of staffing rosters showed that there was adequate numbers and skill-mix of staff to meet the care needs of residents. There was a nurse on duty, with a regular pattern of rostered care staff.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that most training was up-to-date and those staff outstanding had training scheduled for the weeks following the inspection. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 and 4 of the regulations, including the required references and qualifications.

Judgment: Compliant

Regulation 22: Insurance

A current insurance certificate was in place and had the necessary insurance coverage as detailed in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to ensure that many areas of the service provided to residents were safe and effective. Appropriate resources were allocated to meet

residents' low to medium dependency needs. There were systems in place to review the safety and quality of care and support to residents. However improved oversight was required in respect of fire safety. This action is detailed under regulation 28 fire precautions.

The audit system included action plans with identified time frames and persons responsible for actions. Resident satisfaction surveys had been completed in the results of which indicated satisfaction with the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications had been submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no records of verbal complaints for 2021 or 2022. The person in charge stated that they did not receive any complaints from the residents or their families. While the complaint policy was in place in the centre, a copy of the complaint procedure was not prominently displayed in a prominent position in the designated centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

As required by Schedule 5 of the regulations, all policies were in place and updated on a three-yearly basis, in line with regulatory requirements. However, the policy on admissions to the centre, the temporary absence and discharge policy and the infection control policy required review to reflect the changes in practice in response to the current public guidelines. Furthermore, the medicine policy was not updated in accordance with NMBI Guidance for Registered Nurses and Midwives on medicine Administration (2020).

Judgment: Substantially compliant

Quality and safety

Overall, the care and support provided to residents were seen to be of a good standard providing holistic and person-centred community based residential services for all residents living in the centre. Residents' rights were promoted in the centre, and residents were encouraged to maximise their independence with support from staff. Residents were supported to exercise their religious rights while living in the centre and had access to radio, television and newspapers.

Pre-admission assessments were conducted by the person in charge. Residents were assessed using validated tools, and care plans were initiated within 48-hours of admission to the centre, in line with the regulatory requirement. Residents had good access to medical care, with the residents' general practitioners providing on-site reviews.

The inspector noted that the premises were welcoming, and it met the needs of the residents in a homely and comfortably way. Infection prevention and control practices in the centre were mostly in line with the national standards and other national guidance. Staff had access to appropriate infection prevention, and control training and all staff had completed this. Good practices were observed with regard to hand hygiene procedures and the appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day. However, the inspector identified some areas for review to ensure that residents were protected from risk of infection and improved oversight in respect of fire safety.

A safeguarding policy and procedure provided guidance to staff on the detection, prevention and response to abuse. The inspector observed that the safeguarding procedure was prominently displayed throughout the centre.

The inspector reviewed the centre's records in respect of fire safety. Daily checks of means of escape were documented, and escapes were observed to be unobstructed. Regular fire evacuation drills were undertaken, including night-time drills. Personal evacuation plans were in place for each resident. The inspector reviewed fire safety maintenance and testing records and fire alarm systems and found them to be up-to-date except for the emergency lighting testing records.

Regulation 11: Visits

Visitors were screened on arrival for symptoms of COVID-19, and the inspector observed visits took place in the resident's bedrooms.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Residents' documentation showed that transfer letters to and from services were in place to ensure robust information was transferred with the resident enabling individualised delivery of care.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy which contained appropriate guidance on identification and management of risks, including those specified in regulation 26.

Judgment: Compliant

Regulation 27: Infection control

A number of issues which had the potential to impact on effective infection prevention and control measures were identified during the course of the inspection. This was evidenced by:

- Inappropriate storage presented a risk of cross-contamination. For example, the cleaning equipment was stored in the store room with the resident's equipment. Residents' equipment and cleaning equipment were stored in the sluice. The cleaning trolley and the sink in the sluice room were visibly unclean.
- Cleaning solutions were stored in the bottles without appropriate labels or date of preparation and were not emptied after the use.
- The inspector observed inappropriate placement of healthcare risk waste bins in resident bathrooms and on the corridors around the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further oversight and monitoring was required in regard to fire safety precautions in

the centre. For example:

- The emergency lighting was tested once a year only. This was discussed with the person in charge, who assured the inspector to arrange the service on a quarterly basis.
- The inspector observed that cautionary signage was not always in place to alert people of the risks associated with oxygen cylinders or concentrators.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector was assured that the care delivered to the residents was of a high standard. Each resident had an assessment completed on admission to identify their care needs using a variety of validated assessment tools, including risks of malnutrition, pressure ulcers and falls which guided the development of a person-centred and detailed care plan.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the residents had access to medical assessments and residents' general practitioners (GPs) made site visits on a regular basis. All residents were reviewed within a four-month time frame. There was support available from a range of social health care professionals, and any recommendations made by the social health care professionals were incorporated into the residents' care plans.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was in place which guided staff in their response to abuse concerns, in line with best practice. Staff spoken with were clear about their role to report any concerns to senior staff as per the policy. The registered provider did not act as a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. Activities were provided in accordance with the needs and preference of residents and normally there were daily opportunities for residents to participate in group or individual activities.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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-0033357

Date of inspection: 14/03/2022

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Following our inspection, we reviewed our current complaints procedure and updated it in the format of a poster also. This is now on display in two prominent areas of the building e.g. Main entrance inside the door and residents entrance inside the door. We incorporated a bright flow chart to make it easy for Residents, families etc. to make a complaint if needed and a procedure which includes an appeals procedure.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Our Admissions Policy and the Temporary absence and Discharge policy have both been reviewed and updated to reflect the changes in practice in response to the current public health guidelines around Covid 19 and Infection Prevention and Control measures. Our Medication policy has been reviewed and updated in accordance with NMBI Guidance for Registered Nurses and Midwives on medicine Administration (2020). Our Infection control policy is currently under review and will be updated to reflect current public health guidelines in relation to Covid 19, Influenza and other respiratory diseases and in line with best practice.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>In response to the following: the cleaning equipment was stored in the store room with the resident's equipment. The residents wheelchair was taken out straight away on the day of inspection and stored elsewhere. All staff were informed of same and it was discussed and minuted at the staff meeting also about the issue of cross contamination and for only the cleaning equipment to be stored in this storeroom.</p> <p>In response to the following: Residents' equipment and cleaning equipment were stored in the sluice.</p> <p>Residents commodes are brought to the Sluice room for cleaning, disinfecting and storing. They are then recorded and signed for on a daily cleaning checklist. We are reviewing our Sluice room layout currently to best optimize the space and in turn greatly reduce any risk of cross contamination. We are using a clear 'one-way system' to also support with this.</p> <p>In response to the following: The cleaning trolley and the sink in the sluice room were visibly unclean. The cleaning trolley is cleaned after every shift and restocked by evening/ night staff. All staff have been reminded of same at recent staff meetings on the 10th and 11th of May 2022. The sink in the sluice room has permanent stains which cannot be removed, PIC is looking into getting a new sink for the sluice room.</p> <p>In response to: Cleaning solutions were stored in the bottles without appropriate labels or date of preparation and were not emptied after the use.</p> <p>New bottles have been ordered for cleaning solutions which are clearly labelled as to what product it contains. They are prepared daily upon start of housekeeping shift and emptied after use. This process was discussed with staff at the recent meeting on the 10th May and management will audit this regularly.</p> <p>In response to: The inspector observed inappropriate placement of healthcare risk waste bins in resident bathrooms and on the corridors around the centre. The quantity of healthcare risk waste bins were reduced following our inspection. Only a sufficient amount placed, where appropriate, around the centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In response to: The emergency lighting was tested once a year only. This was discussed with the person in charge, who assured the inspector to arrange the service on a quarterly basis. PIC spoke to the electrician following the inspection and instructed a quarterly inspection of emergency lighting is a requirement. Inspection carried out on the</p>	

25th April 2022 and booked in again for July and October 2022 and quarterly thereafter.

In response to: The inspector observed that cautionary signage was not always in place to alert people of the risks associated with oxygen cylinders or concentrators. Our oxygen concentrator has been moved to a more ventilated area and cautionary signage is clearly on display above the concentrator alerting people of the risk. We no longer use oxygen cylinders at the facility so they have been safely returned.

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 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	27/05/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	17/05/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	17/05/2022
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective	Substantially Compliant	Yellow	17/05/2022

	complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	27/05/2022