



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	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:	30 January 2023
Centre ID:	OSV-0000556
Fieldwork ID:	MON-0038292

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 30 January 2023	09:00hrs to 17:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents and one visitor on the day of the inspection and gained some insight into their daily lives in the centre. Over all the feedback was very positive. Residents who spoke with the inspector said 'they go over and beyond for me' and another said 'this is my home and the staff are my family'. One resident spoke very highly about the yoga class and the improvements in their well-being since they started this class. All residents spoken with were very complimentary about the food and the choice they were given.

This inspection was unannounced and completed over one day. On arrival at the centre there was an opening meeting with the person in charge of the centre. The person in charge accompanied the inspector on a guided tour of the centre.

This centre cared for residents with low dependent care needs. Residents came and went from the centre to meet with their family and friends in the local community. There was a great support in the local community with regarding to residents being kept involved in local activities in the area. Residents were very much independent in making choices about how they lived their lives. Surveys that the residents had previously completed indicated they were happy in the centre and they felt empowered by being able to continue to live their lives with such freedom as they had in their own homes.

Residents spoken with, complimented the food and the choice they were offered. The meals appeared wholesome and nutritious, they were presented in an appetising way. In the mornings the residents enjoyed fresh home-made scones that were prepared in the centre.

This centre was registered for 18 residents and comprised of three twin and twelve single bedrooms. All areas for residents and their belongings were on the ground floor. Each bedroom was decorated with the residents' input. Some residents had brought furniture from home while others decided on the colours and layout of the room to suit themselves.

The centre was clean, bright and uncluttered. There was a large communal sitting room with a stove lighting from early morning. Two residents were sitting in there on the morning of the inspection watching their preferred programmes. Other residents gathered in the dining room or stayed in their own bedrooms if they preferred not to mingle. Mass was provided for the residents every Tuesday but residents were also welcome to attend the local church if they so wished.

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

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The registered provider had a good history of regulatory compliance and further improvements had been implemented since the last inspection with regards to premises, fire safety and infection prevention and control. This is discussed further under their respective regulations.

The provider was St. Lazerian's House Company Limited By Guarantee. There was a representative for the provider who was very much involved in the running of the centre. They attended management meetings and minutes of these meetings were seen by the inspector. There was a person in charge of the centre who worked full-time. They were supported in their role by a registered nurse who worked 18 hours per week, but would increase to full-time hours when the person in charge was absent or on planned leave. This ensured there were effective deputising arrangements in place and continuity in the oversight of service.

The person in charge was supported by a team of health care assistants, who supported the residents to live their lives to the fullest. As this is a low dependency designated centre the role of the healthcare assistant also involved being the only person on duty at night time. The person in charge informed the inspector that there was an on-call rota should additional support be required during the night time.

There was an annual review completed of the centre in 2021. The annual review for 2022 had not been yet completed and the person in charge explained that they were waiting on the surveys from residents and relatives to be returned. This would allow the management team to review the opinions of the residents and their relatives and put improvements in place for 2023.

The person in charge notified all incidents and accidents to the Chief Inspector of Social Services. All accidents and incidents in the centre were reviewed by management, learning identified and improvement plans put in place.

The inspector viewed a sample of residents' contracts for the provision of services. These contracts specified the services to be provided to the residents, the fees to be paid and any additional fees for services as required.

There was a directory of residents' made available to the inspector. This included the necessary information required such as their next of kin details or any persons authorised to act on the residents behalf.

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. All had been signed by the resident or their appointed representative and the registered provider representative. They included the services to be provided, terms and conditions, fees to be charged, the room number and the occupancy of the room.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre's complaints policy. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded. The provider had placed new easily read signs for residents and relatives around the centre to guide them in the process of making a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available for review. They had all been updated and reviewed since the last inspection. Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of safe and effective care to the residents.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents was of a good standard. Residents were consulted about the organisation of the designated centre.

The inspector was assured that residents received a high standard of care. Residents told the inspector that they felt safe living in the home. Those spoken with re-iterated that they had no complaints and would highly recommend it as a place to live.

The centre was found to be very clean and uncluttered. All areas of the centre were found to be on a cleaning schedule and clear audits of the practices were provided to the inspector. Cleaning staff were very knowledgeable on the importance of their role in protecting the residents living in the centre. All areas of the centre were on an improvement plan of works for new flooring and a full paint schedule of the centre was seen by the inspector. The provider and person in charge had made significant improvements in relation to infection prevention and control. The segregation of clean equipment was now appropriately stored. The new layout of the sluice room supported a one-way system which should prevent against the risk of cross-contamination.

Residents were provided with a varied and nutritious diet. The menu for meals changed daily and residents had choices on what meal they wanted to eat. There were an adequate number of staff available to assist residents at meal times and they assisted the residents in a respectful manner. Residents were offered both hot and cold drinks throughout the day.

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. Residents also had access to individual activities. Residents attended committees where their voice could be heard and their opinion provided. On the day of the inspection residents were seen to attend and enjoy a yoga class.

Residents were offered choices in most aspects of their day-to-day life and their choices were being respected. Residents had access to radio, television and newspapers both local and national.

The provider had made improvements in relation to fire since the last inspection. The emergency lighting system was now serviced on a quarterly basis as required

by the regulations. There was also new fire signs to indicate oxygen was stored in a certain area.

Regulation 12: Personal possessions

Residents were supported to maintain control over their own belongings. Each resident had a wardrobe and a lockable locker for storing their belongings.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents received wholesome and nutritious meals that met the dietary needs of the residents. There was access to a safe supply of fresh drinking water at all times.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was made available to the inspector and contained all the information as required under the regulations.

Judgment: Compliant

Regulation 27: Infection control

The registered provider has ensured that procedures, consistent with the standards

for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider has taken adequate precautions against the risk of fire since the last inspection;

- All emergency lighting is checked quarterly.
- Fire signs are displayed where oxygen is stored.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant