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:	Lawson House Nursing Home
Name of provider:	Lawson House Nursing Home Limited
Address of centre:	Knockrathkyle, Glenbrien, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	19 November 2024
Centre ID:	OSV-0000244
Fieldwork ID:	MON-0041393

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62

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
Tuesday 19 November 2024	08:50hrs to 16:50hrs	Aisling Coffey	Lead
Wednesday 20 November 2024	08:15hrs to 14:20hrs	Aisling Coffey	Lead
Tuesday 19 November 2024	08:50hrs to 16:50hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

The feedback from residents who spoke with the inspectors was that they were generally happy living in Lawson House Nursing Home; however, several factors negatively impacted their day-to-day lives in the centre, as set out in this report.

All of the residents spoken with were complimentary of the staff and the care they received. When it came to the staff, residents told the inspectors about the "nice", "kind" staff and "lovely, friendly girls" that looked after them.

When day-to-day life was discussed, some residents informed the inspectors they had no choice regarding what time they woke in the mornings, while others described noise disturbing them from a restful sleep at night. Some residents described intrusion into their bedrooms from other residents, which they found frightening and upsetting. One resident showed the inspectors a bedroom door key and explained they had to lock their door due to unwanted intrusion and feeling unsafe.

Residents had mixed views on activity provision in the centre. Some residents spoke of enjoying group activities, such as live music and bingo, but wanted more activities. Some residents reported satisfaction with participation in individual activities, such as jigsaws and crochet. While other residents stated that no activities were taking place that catered to their interests.

When it came to their accommodation, residents were generally happy with the accommodation. However, some residents informed the inspectors that their bedrooms could be cold at night, and one resident stated they found communal areas were cold on occasion. The inspectors found that while most areas in the centre were warm, the multi-use communal rooms on Suir, Nore and Barrow and the large residents' dining room were cold on the first inspection day. The person in charge and maintenance personnel rectified this matter when it was brought to their attention. However, the inspectors also found that residents had raised this matter on three occasions at resident committee meetings in 2024.

Overall, the resident feedback captured the valued kindness and attention shown to the residents by a dedicated staff team; however, some aspects of the accommodation, activity provision, choice over one's daily routine and the management of residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) required the provider's attention, as these issues were impacting on residents' quality of life.

Two inspectors of social services conducted this unannounced inspection, which took place over two days. During the inspection, the inspectors had the opportunity to speak to 20 residents and six visitors to gain insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions

between staff and residents and reviewing a range of documentation.

Lawson House Nursing Home is a single-storey building originally opened in 1996 and extended in 2011. Upon arrival, one enters a large reception area. There is keypad access from the reception area to the rest of the building. The keypad code is discreetly displayed to enable entry and exit. Bedroom accommodation is set out over four units, named after the rivers Barrow, Nore, Suir and Slaney. Barrow, Nore and Suir units were part of the 2011 extension, as were seven single en-suite bedrooms within Slaney unit. The remaining 13 bedrooms within Slaney Unit are located within the original building.

A long corridor spanned the length of the centre, featuring handrails and comfortable seating for residents to rest upon as they strolled throughout the centre. From this corridor, residents could access the centre's internal garden or take in the view of the garden while seated. Many residents were seen sitting and resting on the corridor throughout the two days of inspection, watching the comings and goings and chatting with one another. The centre was decorated throughout with paintings and ornaments. Photographs of residents and staff enjoying group activities were also displayed.

There were multiple communal areas available for residents, including a large dining room, a garden lounge, an adjacent coffee/reading area, a smaller lounge known as the library, a cinema room and three multi-use communal areas on Barrow, Suir and Nore units. The inspectors were shown that the Slaney multi-use communal room had changed purpose to a pharmacy room. This change of purpose had not been agreed upon with the Chief Inspector of Social Services, and the provider had not applied to vary condition 1 of the centre's registration.

There was an onsite laundry service where residents' personal clothing was laundered. This area was seen to be clean and tidy, and its layout facilitated the functional separation of the clean and dirty phases of the laundering process. The majority of residents and visitors spoken with were satisfied with the laundry service provided, although some referenced clothes having been lost.

In terms of bedroom accommodation, the Barrow, Nore and Suir units, built in 2011 to modern specifications, contained 15 single en-suite bedrooms with shower, toilet, and wash hand basin facilities. The Slaney unit comprised 12 en-suite bedrooms with shower, toilet, and wash hand basin facilities and eight further single rooms with no en-suite facilities. These eight residents shared communal toilets and shower facilities. Residents had personalised their bedrooms with treasured photographs, ornaments, and artwork from home being proudly displayed. Bedrooms had a television, locked storage and call bell facilities.

On the first morning of the inspection, the inspectors reviewed call bell access on two units for residents in bed at 11:00am and found that most call bells were not accessible to the residents, meaning they could not call for assistance. This was brought to the attention of the person in charge, and staff were seen to rectify this matter promptly. While the majority of residents whom the inspectors spoke with were pleased with their bedroom facilities and personal space, some residents

informed the inspectors that the television in their bedroom was small and difficult to enjoy from the bed or bedside chair. One resident complained their seating was uncomfortable.

The centre's internal courtyard garden was clean, tidy, and pleasantly landscaped. This courtyard garden had seating, garden decorations, water features, bird feeders, raised planters, trees and bushes. Externally, the centre's grounds were clean, tidy and well-maintained.

On both mornings of inspection, residents were up and dressed in their preferred attire and appeared well cared for. The hairdresser was present on the first inspection day, and residents proudly displayed their new hairstyles. While the centre had a varied activities programme that listed group-based activities such as Sonas, keep fit, musical bingo, scootch, horse race, and cognitive stimulation therapy scheduled for the two inspection days, inspectors observed minimal activity on the first inspection day and the morning of the second inspection day. The inspectors saw that the local mass was live-streamed on both mornings, and the rosary was recited. While no further activities were observed on the first inspection day, a story time session was seen to take place in the garden lounge before lunch on the second inspection day, with eight residents participating. The centre was registered to have 1.3 WTE activity staff. The person in charge informed the inspectors that one of two activity staff posts was being recruited for, and in the interim, other staff undertook activities. However, staff spoken with confirmed they tried their best to provide activities but were occupied with personal care, answering call bells and other aspects of resident care and support. Residents were seen to spend considerable time with minimal stimulation other than the television or a welcome visitor.

Residents had access to radios, televisions, newspapers and internet services. There were arrangements in place for residents to access independent advocacy services. Roman Catholic Mass was live-streamed on the television every morning, while Mass was celebrated in the centre monthly. There were also arrangements for residents of other faiths to access their religious leaders.

Visitors were observed coming and going throughout the day, spending time with their loved ones. Residents and visitors confirmed there were no restrictions on visiting. While visitors were generally positive about the care and attention received by their loved ones, some visitors described difficulties communicating with some staff about their loved one's care needs.

Two lunchtime sittings commenced at 12:00pm and finished at 1.30pm. Meals were freshly prepared in the centre's onsite kitchen and plated in the dining room by the chef from a bain-marie. The menu, with two main courses and dessert options, was displayed in the dining room. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the day. Residents expressed mixed satisfaction with the food, with some residents complimenting the food available, describing it as "delicious". In contrast, others spoke of the food being "ok", "up and down", and "not to my

tastes".

The centre had two maintenance staff attending to areas requiring attention on the inspection day. The centre was seen to be in good repair internally. While some of the decor and finishes showed signs of minor wear and tear in the Slaney Unit, the Suir multi-use communal room and outside the laundry, the maintenance team were aware of these matters and had a plan to address them.

While the general environment, including residents' bedrooms, toilets, bathrooms and communal areas, appeared visibly clean, some areas required review to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018). This will be discussed under Regulation 27: Infection control.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While the provider had an established management team and a range of oversight structures, further robust action was required to ensure residents' safety and that the care and welfare needs of all residents were fully met.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), review the registered provider's compliance plan from the 14/03/2023 inspection and follow up on finding from the restrictive practice thematic inspection of 01/03/2024. The inspectors also followed up on unsolicited information submitted to the Office of the Chief Inspector since March 2024.

While the registered provider had progressed with the compliance plan, and improvements were identified concerning Regulation 5: Individual assessment and care plan and Regulation 16: Training and staff development, this inspection identified that robust action was required concerning Regulation 7: Managing behaviour that is challenging, Regulation 9: Residents' rights, Regulation 31: Notification of Incidents, and Regulation 23: Governance and management. Further improvements were also required regarding Regulation 6: Healthcare, Regulation 8: Protection, Regulation 15: Staffing, Regulation 17: Premises, Regulation 24: Contract for the provision of services, Regulation 27: Infection control and Regulation 34: Complaints procedure.

Lawson House Nursing Home Limited is the registered provider. The company had two directors. One director was the person in charge. The other director was the

support services manager, who also represented the provider in regulatory matters. The person in charge worked full-time and was supported by a full-time director of nursing, a part-time assistant director of nursing, a support services manager, clinical nurse managers, staff nurses, healthcare assistants, catering, housekeeping, laundry, activities, administration and maintenance staff.

In terms of the centre's staffing, the inspectors reviewed the provider's current statement of purpose and noted that the nurse management staffing levels had been increased by 1.28 whole time equivalents (WTEs) since the centre was registered on 02/09/2023, with the appointment of a full-time director of nursing and increased clinical nurse manager staffing levels. Increases in healthcare assistant staffing levels were also documented. However despite these enhancements, from observations on the two days of inspection, inspectors found that a review of staffing was required to ensure a sufficient number and skill mix to meet the assessed needs of residents. The centre had a small number of residents with complex responsive behaviours who required enhanced supervision to meet their needs and ensure other residents' comfort and safety. Inspectors also found that staffing numbers and skill mix had not been adequate to provide activities to meet the assessed needs of residents over the two days of inspection. These matters are discussed under Regulation 15: Staffing and Regulation 23: Governance and management.

The provider had management systems to monitor the quality and safety of service provision. A review of documentation evidenced that there were communication systems in place, including management meetings, quality and safety committee meetings and care team meetings where key aspects of quality service provision such as infection control, manual handling, staff training, audit results, policies and procedures, incidents, risk management and care planning were discussed amongst management and staff.

The provider had a risk register for monitoring and managing known risks in the centre. An audit schedule was seen to review aspects of resident care, including assessment and care plans, medication management, infection control, restrictive practices and nutrition and hydration. The inspectors noted that the data collected during the auditing process was being used to identify risks and develop time-bound corrective action plans to address deficits. Similarly, audit findings were discussed at management and staff meetings. The provider had a system for recording, monitoring, and managing incidents and related risks. Records reviewed found that incidents like falls were being analysed to identify trends and causal factors to reduce risk. Notwithstanding this good practice, this inspection found that management systems needed to be more robust to effectively identify deficits and risks in service provision and drive quality improvement. Additionally, some notifiable incidents had not been notified to the Chief Inspector. These matters will be discussed under Regulation 23: Governance and management and Regulation 31: Notification of incidents.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of consultation with

residents and families reflected in the review.

Residents were provided with a contract of care on admission to the centre. The inspectors reviewed a sample of six residents' contracts. Contracts seen were signed by the resident and/or their representative, where appropriate. The contracts outlined the terms on which the resident would reside in the centre, the services to be provided under the Nursing Home Support Scheme, and the fees to be charged for Nursing Home Support Scheme services. However, inspectors observed that amendments were required to this contract of care to provide transparency on the services not covered by the Nursing Home Support Scheme and the fees for these services. This will be discussed under Regulation 24: Contract for the provision of services.

The centre displayed its complaints procedure in the reception area, and there were information posters for the complaints officer on the residents' information board. Information posters on advocacy services to support residents in making complaints were displayed. Residents said they could raise a complaint with any staff member and were confident about doing so. Staff were also knowledgeable about the centre's complaints procedure. The person in charge maintained a record of complaints received, how they were managed, and the outcome for the complainant. The complaints officer and review officer had undertaken training in complaints management. Notwithstanding this good practice, the inspectors found some gaps in complaints management practices where actions were required to comply fully with Regulation 34: Complaints procedure.

Regulation 15: Staffing

The registered provider did not ensure the number and skills mix of staff were appropriate, having regard to the needs of the residents. This was evidenced by the following findings:

- The centre had a small number of residents with complex responsive behaviours. These behaviours had led to abusive interactions with other residents. The inspectors observed some residents' responsive behaviours, reviewed records of abusive incidents and spoke with some residents affected by the responsive behaviours. As a result, the inspectors were not assured that there was sufficient staffing to supervise residents with complex responsive behaviours, to meet their assessed needs, and to ensure the safety and comfort of other residents.
- The provision of activities was not managed to meet the assessed needs of residents. This is further discussed under Regulation 9: Residents' rights.

Judgment: Not compliant

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received an induction covering key aspects of care and procedures in the centre. This induction was followed by a performance appraisal process monitored and reviewed by the relevant line manager.

Staff had access to training appropriate to their role. A system for tracking staff training and records was made available to the inspectors, demonstrating that all staff were up-to-date with mandatory training in fire safety, manual handling, managing challenging behaviour, and safeguarding vulnerable adults from abuse.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre were not sufficiently robust to ensure the service provided was safe, appropriate, consistent, and effectively monitored, as evidenced by the findings below.

- The oversight systems in place had failed to ensure that restraint was being used in accordance with national policy, that challenging behaviour was being responded to in the least restrictive manner and that the monitoring and documentation of neuro-observations was aligned with the provider's falls protocol.
- The provider's safeguarding policy was not followed in three examples of alleged peer-to-peer abuse identified by inspectors.
- The systems for recognising statutory notifications that need to be notified to the Chief Inspector had not ensured that required notifications had been made.
- While the provider's quality assurance systems had identified areas of non-compliance, there had not been timely action to ensure residents' access to call bells, residents' opportunities to participate in activities in accordance with their interests and capabilities, and residents' rights to exercise choice in respect of their daily routine.

The registered provider was in breach of Condition 1 of their registration as they had made changes to the purpose and function of a number of rooms. The provider had not informed the Chief Inspector and had not applied to vary condition 1 of the centre's registration. The changes made included the following:

- The Slaney multi-use communal room had been converted into a pharmacy room.

- The pharmacy room was operating as an activity store room.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Further review and detail were required to ensure that residents' contracts clarified and differentiated between the mandatory fees paid by all residents for services provided and not covered by the Fair Deal Scheme, and the optional fees for additional individual services, which were available to residents upon their request, and subject to availability.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the documentation and nursing records found three notifications concerning alleged peer-to-peer abuse and notifications concerning the use of restraint that had not been notified to the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

Actions were required to ensure compliance with the regulation, as evidenced below.

The centre's complaints policy and complaints procedure displayed in the centre required amendments to reflect the following regulatory requirements:

- The requirement for the compliant officer to provide a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended, and details of the review process.
- The requirement for a review to be conducted and concluded as soon as possible and no later than 20 working days after the receipt of the request for review.
- The requirement for the review officer to provide a written response informing the complainant of the outcome of the review.

While there were records of how complaints were managed and references to

meetings with the complainant, there were gaps where the complainant had not received a written response to their complaint as required by the regulation.

Judgment: Substantially compliant

Quality and safety

While the inspectors observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to significantly improve the quality and safety of service provision. Robust action was required concerning the management of challenging behaviour and residents' rights. Other areas also requiring improvement included healthcare, protection, infection control and premises.

While the premises of the designated centre were appropriate for the number and needs of residents and seen to be generally well maintained internally, some areas required attention to fully comply with Schedule 6 requirements. These matters will be discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The provider had nominated the director of nursing and a staff nurse as infection prevention and control (IPC) link practitioners. These staff members had completed the national programme for IPC link practitioners. The provider had a Legionella management programme in place. The provider managed a large outbreak of COVID-19 in July 2024, and an outbreak review report showed the learning that had been implemented. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns. Ample personal protective equipment (PPE) supplies were available, and the appropriate use of PPE was observed during the inspection. Ancillary facilities generally supported effective infection prevention and control with clean and dirty areas distinctly separated. The housekeeping room included a janitorial sink and ample space for storing and preparing trolleys and cleaning equipment. This room was also well-ventilated, with surfaces that were easy to clean. Cleaning carts were fitted with locked compartments for safe chemical storage. The layout of the on-site laundry effectively separated the clean and dirty stages of the laundry process, and the used laundry was observed to be segregated in line with best practice guidelines. Notwithstanding this good practice, some actions were required to ensure compliance with the *National Standards for Infection Prevention and Control in Community Services* (2018), as discussed under Regulation 27.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, occupational therapy, speech and language therapy and mental health services. The provider employed a physiotherapist one day a week to assess and treat residents who required physiotherapy. Notwithstanding this good

practice, the inspectors found that some action was required to ensure residents had access to a high standard of evidence-based nursing care. This will be discussed under Regulation 6: Healthcare.

Action was required concerning the use of restraint as it was not always managed in accordance with national policy or the provider's restraint policy. While residents had responsive behaviour care plans, some were not sufficiently detailed to guide a person-centred, safe approach to caring for the residents with responsive behaviours and ensure their behaviour was managed in the least restrictive way. This is discussed in the report under Regulation 7: Managing behaviour that is challenging.

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Staff spoken with were clear about their role in protecting residents from abuse. The records reviewed evidenced the person in charge investigating incidents and allegations of abuse. While the provider did not act as a pension agent for any residents, the provider held small quantities of "pocket money" belonging to current residents. The provider had a transparent system in place where all lodgements and withdrawals were signed by two staff. Notwithstanding these good practices, some improvement was required in supporting staff and management in detecting and identifying potential safeguarding issues. This will be discussed under Regulation 8: Protection.

The inspectors found that aspects of residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Staff were seen to respect residents' privacy and dignity by knocking on bedroom and bathroom doors before entering. Roman Catholic Mass was live streamed on the television every morning, while Mass was celebrated in the centre monthly. There were also arrangements for residents of other faiths to access their religious leaders. Residents could communicate freely and had access to radio, television, newspapers, telephones and internet services throughout the centre. Residents were supported to exercise their civil rights, and inspectors saw that arrangements were in place for residents to vote in the forthcoming general election. Residents also had access to independent advocacy services. Notwithstanding these good practices, robust action was required by the provider to ensure that residents had opportunities to participate in activities in accordance with their interests and capabilities and to ensure that residents could exercise choice over their daily routine. This will be discussed under Regulation 9: Residents' rights.

Regulation 10: Communication difficulties

The inspectors observed that a number of residents had difficulties communicating

verbally, while others had sensory needs impacting their communication. These residents had their communication needs documented in their care plans. The inspectors also found that staff knew about these residents' communication needs. Where a resident required access to a communication device, the staff ensured these aids were available to enable the resident's effective communication and inclusion. Additionally, it was clear that the staff had taken the time to understand the resident's nonverbal cues and were seen to respond empathetically when providing care and support to the resident. The inspectors also saw evidence of referral to speech and language therapy for further specialist assessment and guidance in supporting residents with a diagnosed communication difficulty.

Judgment: Compliant

Regulation 11: Visits

The inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. Residents could host a visitor in their bedroom if they wished. The registered provider also provided communal areas and a private family room for residents to receive a visitor.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required attention and maintenance to be fully compliant with Schedule 6 requirements, for example:

- The inspectors observed multiple call bells that were not within the reach of residents in their beds, meaning these residents could not summon assistance if required.
- There were some areas of wear and tear, such as damaged walls with loose plaster in the Suir multi-use communal room, damaged flooring leading into the laundry area and damaged doors and skirting boards on the Slaney Unit.
- Some sinks were seen to be out of order, for example, in the housekeeping room.
- While the majority of areas within the centre were warm, inspectors found that the multi-use communal rooms on Suir, Nore and Barrow and the large residents' dining room were cold on the first inspection day. Residents had also raised this matter on three occasions in resident committee meetings in 2024.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. This information was seen to include vaccine history and multi-drug resistant organism (MDRO) colonisation status. Upon residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to the hospital were discussed, planned and agreed upon with the resident and, where appropriate, their representative.

Judgment: Compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, some further actions were required to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018), for example:

- The needles used for injections and drawing up medication lacked safety devices. This omission increased the risk of needle stick injuries, which may leave staff exposed to blood-borne viruses.
- There were no hand hygiene sinks that were easily accessible for staff to wash their hands if they were visibly soiled. This could lead to infection spread. The inspectors acknowledge that five clinical hand hygiene sinks had been purchased and were waiting to be installed.
- The hand hygiene sinks in the sluice rooms, the laundry and one of the housekeeping rooms were visibly dirty. This increased the risks of infection spreading to the hands of healthcare workers.
- Two crash mats on the floor near the bed of two residents were visibly dirty and stained.
- The two housekeeping trolleys on day one of the inspection were visibly dirty. This meant that equipment used to clean surfaces may be contaminated and increase the risk of inspection spread. This is a repeat finding from the last inspection.
- The detergent attached to the bedpan washer in the Slaney Unit was out of date. This meant that bedpans and urinals may not have been appropriately decontaminated, increasing the risk of infection spread.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge had arrangements for assessing residents before admission into the centre. Person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months, or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when the care plans were revised.

Judgment: Compliant

Regulation 6: Health care

Notwithstanding residents' access to a range of healthcare professionals, action was required to ensure that all residents had access to a high standard of evidence-based nursing practice. For example:

- The inspectors reviewed the records of three residents who had unwitnessed falls. The inspectors found that neurological observation assessments were not being monitored and documented at the required intervals and for the duration outlined in the provider's falls protocol. Neurological observations allow for early identification of clinical deterioration and timely intervention.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The registered provider had not ensured that where restraint was used, it was used in accordance with national policy and the provider's restraint policy, for example:

- Some residents were seen in tilted-back seating. These chairs have the potential to be restrictive as they can inhibit a person from standing up and mobilising independently. The inspectors confirmed an occupational therapist had not prescribed these tilted-back chairs for valid clinical reasons. Two residents were seen to be agitated in these chairs, leaning forward and attempting to sit upright. The provider had not recognised tilt-back seating as a restrictive practice and, therefore, there were no restrictive practice risk assessments, alternatives to tilted-back seating trialled, documented guidance for how such seating should be used, resident consent, and records for

monitoring and reviewing the resident while this restraint was in use.

- Seven residents were using lap belts. From reviewing the documentation, the inspectors saw that for six of these residents, the lap belts were being used for transportation purposes only, which was aligned with the provider's restraint policy; however, one resident's records documented the use of a lap belt for prolonged periods, which was contrary to both the national and provider's restraint policies. Additionally, upon reviewing the safety check records for this lap belt, the inspectors noted that these checks were not consistently carried out at two hourly intervals as required by the provider's policy. Therefore, the inspectors could not be assured that this resident had the opportunity to be released from the restraint, to mobilise and reposition themselves.
- The inspectors saw a resident in tilt-back seating with a bed table in front of them. The documentation reviewed also confirmed that a tray table was used on occasion. The use of bed tables and other furniture to restrict movement was contrary to the provider's restraint policy.
- The provider's restraint policy referred to a restraint assessment undertaken by a multi-disciplinary team; however, the reviewed records found that a multi-disciplinary assessment was not being undertaken.

The person in charge had not ensured that where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the behaviour was managed and responded to, in so far as possible, in a manner that is not restrictive, for example:

- A review of records found that a resident with responsive behaviours had required the assistance of up to four staff on occasion for personal care. This resident's care plan did not detail a stepped approach to ensure that the least restrictive response was used when supporting the resident in these complex circumstances. Without a detailed care plan guiding such personal care, inspectors were also not assured that such practices were safe.
- The provider used behaviour observation charts, such as antecedent, behaviour, and consequence (ABC) charts, designed to gain an understanding of responsive behaviours and lead to the development of techniques to manage such behaviours. However, there was no evidence for one resident that the results and findings from these assessments were being analysed to develop person-centred de-escalation techniques to guide staff in safe care delivery.

The inspectors found the multi-purpose communal room in the Suir Unit was locked on the first inspection morning, meaning it was inaccessible to residents. A resident informed the inspectors the room was locked on occasion, meaning they could not access the facilities. Residents had also raised this matter in resident committee meetings throughout 2024. This matter required addressing by the provider to reduce the likelihood of recurrence.

Judgment: Not compliant

Regulation 8: Protection

While the registered provider had taken measures to protect residents from abuse, the systems for recognising and responding to abuse incidents and allegations required some improvement. Documentation reviewed by the inspectors identified three incidents of alleged peer-to-peer abuse, which had not been recognised as potential abusive interactions. As a result, these incidents had not been investigated and managed in line with the centre's safeguarding policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Action was required by the registered provider to ensure residents' rights were respected, for example:

- The provision of activities observed for residents did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. Inspectors observed minimal activity on the first inspection day and the morning of the second inspection day, with an over-reliance on passive activities involving the television. Some residents informed the inspectors that there were insufficient or no activities geared towards their interests and capacities.
- Two residents informed the inspectors that they did not have a choice over what time they woke in the morning. Similar findings were given to the provider in residents' questionnaires undertaken in the centre. The inspectors reviewed records of staff meetings where staff were reminded to wake residents at 07:30am, open bedroom curtains and move residents up in their beds. This routine practice throughout the centre was an institutionalised practice and did not respect residents' rights to exercise autonomy and choice over their daily routine.

Judgment: Not 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 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lawson House Nursing Home OSV-0000244

Inspection ID: MON-0041393

Date of inspection: 20/11/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: • Lawson House is actively recruiting a second Activity Coordinator. • A designated HCA has been assigned to do activities for the short term. • Lawson House Nursing Home will ensure that staffing levels are sufficient to supervise residents with complex responsive behaviours, to meet their assessed needs, and to ensure the safety and comfort of other residents. • One Resident with complex needs has been discharged to a more suitable facility following the inspection. Care Plans include de-escalation techniques for the small number of residents with complex responsive behaviours. • Further training of staff in responsive behaviours is being sourced. • Preadmission Assessment will endeavor to ensure that Lawson House Nursing Home is capable of meeting the needs of all new and prospective residents.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Lawson House will ensure that restraint is used in accordance with local and National policies. Management will overview. • We will ensure that challenging behaviour is responded to in the least restrictive manner. Further education for staff in behaviours that challenge is being sourced. • Lawson House Nursing Home has sourced private OT Assessment for 5 Residents. Chairs will be provided for these Residents as recommended by OT. • Monitoring and documentation of neuro observations is being done in accordance with our Falls Protocol. CNM and Management will overview and audit.	

• All allegations of abuse will be notified to the relevant bodies in accordance with Safeguarding Policy. Access to call bells will be ensured for all Residents. Staff will monitor daily as care is delivered. CNMs will overview. • Opportunities to engage in meaningful activities will be ensured for Residents by Activity Staff. Resident's preferences and wishes for activities will be discussed at monthly Resident's meetings. Recruitment process is underway and short-term plan has commenced. • Residents' daily choices are honored and respected in accordance with their personal preferences and wishes. • A retrospective application was submitted to the Chief Inspector on 04/12/2024 for conversion of the Pharmacy into an activity storeroom and the Slaney Multi-Purpose communal room into a pharmacy. Awaiting response.

Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: • Contracts of Care have been updated to provide transparency on the services not covered by the Nursing Home Support Scheme and the fees for these services.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • All incidents of restraint and alleged abuse including peer to peer incidents will be reported to the relevant authorities with immediate effect. • All notifiable incidents have been reported since the inspection.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

• Following inspection, guidance given by the inspector at feedback on 20/11/2024 regarding the provision of a written response to complaints was immediately implemented. • Lawson House Nursing Home Complaints Policy has since been revised to include all updated legislation and guidance. • Complaint information displayed within the Nursing Home has been updated.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • All call bells to be accessible for all Residents. • Damaged walls with loose plaster in the Suir multi-use communal room is in process of being repaired and will be complete by 31st January 2025. • Damaged flooring leading into the laundry area has been repaired. • Damaged doors and skirting boards on the Slaney Unit will be repaired. • Sinks out of order in laundry room were immediately repaired. Work has commenced on other sinks e.g. in the housekeeping room. These will be examined and repaired. • Staff will ensure daily that all multi-use communal rooms are warm and cosy. Update what has been done before submitting report. Some work has commenced.	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • All needles in Lawson House Nursing Home have safety devices. • Plan for 5 Clinical hand hygiene sinks to be installed is now complete. All sinks have been installed. • Cleaning Schedules have been updated to include; Hand hygiene sinks in sluice room, laundry and housekeeping rooms, housekeeping trollies and Resident's safety Mats. These are currently in use.	

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: • Compliance to Lawson House Falls Protocol and policy to be monitored. • Audits were completed following inspection. • Results of these audits and the importance of following the falls policy correctly has been again explained to all staff. • Further monitoring when closing falls by CNM s will ensure ongoing compliance. • Falls protocol compliance will be further audited in 2025.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: • Tilting chairs more than 30 degrees will only be provided on request by the Resident or to ensure a change of position for pressure relief as prescribed by OT. • When tilting more than 30 degrees is required for the comfort of the Resident, this will be carefully monitored as a restraint. Times of tilt and release will be recorded. CNMs and Staff Nurses to ensure compliance. • Lapbelts are for use in transport only. • When a lapbelt is deemed necessary for the safety of the Resident when stationary, this will be risk assessed and monitored in accordance with Lawson House Nursing Home restraint Policy. GP will be involved in the process. • Staff are aware that bedtables or furniture are not used to restrict movement. • MDT Approach – GP has reviewed, and counter signed all Risk Assessments for Restrictive Practice including lapbelts, bedrails and safety bracelets. • Assistance of up to 4 staff not acceptable to assist a Resident with responsive behaviours. All Care Plans for Residents with complex behaviours outline approach, de-escalation techniques and a person centred approach to managing complex needs. • Regular Analysis of ABCs to identify triggers and successful response to behaviours commenced. • Staff awareness of Residents care plan for managing behaviours ensured by daily handover and staff meetings. • Further classroom-based training is being sourced for staff in managing behaviours with inclusion of gentle breakaway techniques to prevent staff injury. • Communal Room in Suir to be kept open so that Residents can use if they wish. Staff to check daily.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Staff Training Safeguarding. All staff have completed Safeguarding training. Retraining of all staff will be updated at two yearly intervals.
• A culture of openness to be maintained in the organisation. All staff to be aware of their responsibility to immediately report all incidents, allegations with immediate action.
• Peer to peer abuse to be reported as a notifiable incident. Such notifications have been submitted since Inspection.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Choice – Staff to check with Residents to ensure that waking times and times for going to bed are in accordance with the Residents' wishes.
• Revised Person Centred morning routine for greeting residents, opening curtains and ensuring Residents are assisted in bed or chair for breakfast in accordance with choice has been commenced.
• Likes and dislikes are catered for in planning activities. Activity Coordinator will ensure satisfaction of all Residents with activities attended. Feedback will be obtained from residents and will be included in our resident's monthly meetings.

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	31/03/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	31/03/2025

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	18/12/2024
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	25/01/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	21/11/2024

Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	21/11/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	17/12/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	17/12/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of	Substantially Compliant	Yellow	17/12/2024

	a written response informing the complainant of the outcome of the review.			
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	17/12/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a	Substantially Compliant	Yellow	17/12/2024

	resident's individual care plan.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	21/11/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	20/11/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the	Not Compliant	Orange	20/11/2024

	Department of Health from time to time.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	21/11/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	21/11/2024