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:	Announced
Date of inspection:	06 February 2024
Centre ID:	OSV-0000556
Fieldwork ID:	MON-0041760

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 bedrooms, one which is ensuite and three twin-bedrooms. Six toilets and three 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:	17

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 6 February 2024	09:00hrs to 16:05hrs	Sinead Lynch	Lead
Thursday 29 February 2024	11:00hrs to 17:00hrs	Niall Whelton	Support

What residents told us and what inspectors observed

The feedback from residents living in the centre was very positive. The residents spoken with told the inspectors that 'it was a lovely place to live' and that 'the staff are lovely'. The inspector observed kind and caring interactions between staff and residents.

Following the introductory meeting with the person in charge the inspectors walked around the centre. The person in charge was well-known to the residents, they knew each other by name and there was a familiarity between them.

This centre was one that supported residents that had low dependency needs. There was the support of a registered nurse 18 hours per week. The person in charge informed the inspector that this can be increased given the needs and requirements of the residents. Health care assistants were there to support the residents 24 hours a day.

The inspectors observed that residents were encouraged to personalise their bedrooms, with items such as photographs, ornaments and personal belongings to help them feel comfortable and at ease in the home. One resident was observed weaving rugs which they sold locally.

The dining room had adequate space for the residents to dine in. The dining experience appeared homely with residents having the chats and banter with their friends. Meals appeared nutritious and wholesome with fresh home-made scones available with morning tea. Residents were offered choice for all meals.

Some residents left the centre to do personal things in the local village and were supported to do this. The person in charge said that all residents were encouraged to live their lives independently with their support.

Residents were provided with support with their medication and medical care when required.

Residents had the choice to have their personal clothes laundered in the centre. The feedback from residents on this service was very positive. Residents' wardrobes were found to be neat and tidy with ample space for their personal clothing.

The centre was laid out on ground floor level and was pleasantly decorated. There was another level in the centre but this was used for staff and storage. The centre met the residents needs' where there was sufficient private and communal space for residents to utilise.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management

affects 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

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents. There was a clearly defined management structure in place with identified lines of authority and accountability. The registered provider had made an application to renew the registration of the centre for 18 beds.

The provider was St. Lazerian's House Company Limited By Guarantee. There was a representative for the provider who was involved in the running of the centre. They attended management meetings and minutes of these meetings were reviewed by the inspector. Regular management and staff meeting agenda items included corrective measures from audits.

The person in charge worked full-time. They were supported by a registered nurse who worked 18 hours per week, but increased 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 residents were supported in their daily lives by a team of healthcare assistant with the supervision of the person in charge. This centre provided care to those who were assessed as low to medium dependency as they did not have a registered nurse in the centre 24 hours a day. On the day of inspection there was adequate staff on duty to meet the needs of the 17 residents.

The centre had a robust complaints policy and procedure and this was displayed throughout the centre. Residents who spoke with the inspectors identified they would talk to the person in charge or any staff member if they had concerns.

A continuous and complete monitoring system was in place to ensure the delivery of a high quality service. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation and infection prevention and control. Audits were objective and identified improvements. However, the infection prevention and control audit did not identify issues that were identified by the inspectors. The sluice room required review. The cleaning chemicals were stored on the wall, close to the sink and hopper.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents. They were easy to read and understand so that they could be readily adopted and

implemented by staff. Staff spoken with recognised that policies, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

An annual review was available and reported the standard of services delivered throughout 2023 and included a quality improvement plan for 2024. It also included feedback from residents and relatives.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre had been received and reviewed by the inspectors prior to this inspection. The application was for the renewal of the registration of 18 beds and all the required documents were submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge of the centre had the required knowledge and experience as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

However, in the provider's risk assessment for fire safety, there was an action plan to conduct a fire safety assessment, this was required to provide assurance

regarding fire safety, in particular the measures in place to contain fire and the effectiveness of fire compartment boundaries.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review. For example;

- The admission criteria stated there was access to a nurse 24 hours a day which is not the case.
- The organisational structure did not give the provider's name.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs

being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

Care plans examined were seen to be prepared within 48 hours of admission to the designated centre. The inspectors saw evidence of a social care model led care planning process in place. These had been completed on admission and included details of their wishes and preferences and when their care needs could not be met where their preference to move to was. These were regularly reviewed with the residents involvement.

There were appropriate arrangements in place to safeguard residents from abuse. A safeguarding policy was in place which guided staff on how to take the appropriate actions should they have a concern. All staff spoken with were aware of what to do should they witness or suspect an incident of abuse. Staff had all completed training in safeguarding vulnerable adults. They were very much aware of their role in safeguarding the residents.

There were activities scheduled for the residents and the planned schedule was displayed in the centre. On the day of inspection a number of residents were attending mass in the day room.

The minutes of the residents' meetings and the residents who spoke with the inspectors identified that they were consulted in the running of the service. An independent advocacy group was available to residents and information was posted on the notice board with contact details for this service.

Medications were administered to residents in line with the centre's policy. The majority of regularly prescribed medications came individually packed from the pharmacy. Residents' had their medication stored in a locked cupboard in the nurses station. The nurse or senior healthcare assistant held the keys for these cupboards.

Sluice rooms did not facilitate effective infection prevention and control measures. For example, the sluice rooms was equipped with sluice hopper and equipment cleaning sink, however, the chemicals for cleaning were stored on the wall within close proximity. Cleaning chemicals were prepared within the sluice room which posed a risk of cross contamination. There was limited access to the hand hygiene sinks in the centre. There was one available but it did not meet the recommended standards and specifications. Findings in this regard are further discussed under regulation 27.

Overall, there were good systems of fire safety management in the centre. The provider arranged for staff to receive fire safety training and ensured any staff on duty at night had fire warden training. Staff spoken with were knowledgeable on the evacuation procedures. The inspectors saw records to show that information sessions were held with residents on all aspects of fire safety in the centre. Documentation available showed that where deficits were identified, the provider was proactive and took action. The inspectors saw a risk assessment for fire safety and one action identified was to conduct a fire safety assessment. This findings on this inspection support the requirement for a fire safety assessment and this should

be completed by a competent fire safety professional, in particular to assess the fire containment measures in the centre.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes are laundered regularly and promptly returned.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure compliance with Regulation 17 and Schedule 6:

- There was a leak which had damaged the ceiling to one bedroom.
- The plaster to ceiling in the staff toilet area behind the staff training room was coming loose.

Judgment: Substantially compliant

Regulation 27: Infection control

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- There were insufficient number of clinical hand wash sinks in the centre. The hand wash sink in use did not comply with the recommended standards and specifications.
- The sluice room required review. There were chemicals on the wall beside the hopper sink and the surrounds did not allow for adequate cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the good oversight and management of fire safety, further action was required to ensure adequate precautions against the risk of fire.

- the inspectors observed a number of extension cords; the provider should ensure that additional sockets are provided for residents who require them, to omit the use of extension cords
- the smoking area was not equipped with a fire blanket or a call bell.
- some communal rooms and staff offices did not have automatic door closers fitted to the fire doors and this was not risk assessed. The risk of omitting automatic closers to these rooms presents a risk that the fire would not be contained.

Further assurances was required from the provider in relation to the arrangements for the containment of fire, for example;

- fire compartments facilitate the horizontal evacuation strategy where residents are assisted into an area protected from the effects of a fire without initially going outside. They also contain fire within higher risk areas such as the kitchen. The full extent of fire compartment boundaries was not clear and required further clarity. The fire doors within compartments require assessment to ensure they achieve the appropriate fire rating.
- there were a small number of service penetrations, such as wires and pipes, through fire rated construction (built in a way to provide fire resistance for a certain amount of time) and these required sealing up. Attic hatches within fire rated ceilings, did not appear to be fire rated.
- there was a disused air conditioning system with ducts running through the building. Assurance was required that these ducts were not a pathway for the spread of fire and smoke.
- there was a ventilation opening in wall of the sluice room and the kitchen. These required assessment to determine if they were appropriately sealed up.

Improvements were required regarding the arrangements for maintaining fire equipment, means of escape, building fabric and building services:

- fire doors were generally maintained to an adequate standard, however improvements were required. For example, the door to the stairs at first floor did not have smoke seals, the fire doors to the kitchen appeared to not fit correctly into the frame.
- the push bar mechanism to an exit door required adjustment as it was difficult to open.

In the main, means of escape were adequate, however there was insufficient emergency lighting on external escape routes to guide occupants to the assembly point. An exit to the front had a small step which may impede a person using a wheelchair.

The inspectors saw records of fire drills to test the evacuation strategy in the centre, however the drills practiced didn't sufficiently reflect the night time staffing levels

and personnel. The person in charge confirmed that this would be simulated a the next drill practice.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The medication administration was in line with current best practice. Medication was stored and dispensed in line with the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had attended training to ensure they had the necessary knowledge and skills to manage residents' responsive behaviours. A policy on the management of restrictive practices was available and accessible to the staff team.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including an up-to-date safeguarding policy. The centre was not a pension-agent for any residents.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Lazerian's House OSV-0000556

Inspection ID: MON-0041760

Date of inspection: 29/02/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In response to the following: In the providers fire risk assessment there was an action plan to conduct a fire safety assessment, this was required to provide assurance regarding fire safety, in particular the measures in place to contain fire and effectiveness of fire compartment boundaries. On the 21/03/24 we had an independent Fire assessment completed for St Lazerians House by a qualified Engineer, paying specific attention to containment of fire and effectiveness of fire compartment boundaries. Work will commence shortly on assuring vents in the building are sealed correctly in order to contain a possible fire, we are waiting on the full report.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: In response to the following: The statement of purpose required review in regards to the nurse access and the org structure did not have providers name. The SOP has been reviewed and edited, now clearly states Nurse is 18 hours per week. The full providers name has been added to the Organisation structure.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
In response to the following: a leak had damaged the ceiling to one bedroom. The plaster to ceiling in a staff toilet behind staff training room was coming loose. Our maintenance person has fixed the damaged ceiling to one bedroom. We will be getting a plasterer in to fix the staff toilet ceiling.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
In response to the following: There was insufficient number of clinical hand wash sinks in centre and hand wash sink in use did not comply with the recommended standards and spec. PIC contacted the ADON for Infection Prevention and Control in the SE HSE for guidance on correct spec sinks to install. The sink in the clinical room will be swapped out to the correct spec sink and we are adding an additional 2 sinks in the building also.
In response to the following: The sluice room required review, chemicals on the wall beside sink and surrounds did not allow for adequate cleaning. Full review of sluice room completed, action plan put in place, removal of wall mounted chemicals to outdoor Cleaning store, enviroclad to clad walls and boxed off areas, new correct spec sink to be installed and new hopper sink to be installed also. Emergency stop switch will be removed from back of Sluice machine and placed on wall in front of the machine for easier access.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
n relation to the following: the inspector observed some extension cords in a residents room: Electrician contacted and full review for additional sockets in rooms completed e.g. in double occupancy rooms 5,12,13.
In response to: the smoking area was not equipped with a fire blanket or call bell. An Independent company will supply an additional fire blanket and have it wall mounted at smoking area. Electrician will install and extra call bell outside at smoking area.
In response to: some communal rooms did not have automatic door closures and not risk assessed. Door closures will be fitted to all doors that require same in order to contain fire.
In response to: further assurances been required for the arrangements of containment of fire. An independent fire assessment was carried out by a qualified engineer on the

21/03/24 and we are awaiting his report and feedback in order to give assurance on this matter. The service penetrations such as wires and pipes through fire rated construction will be sealed up and attic hatches to be upgraded to a higher fire rating. The disused ventilation system was assessed by the engineer on the 21/03/24 also and although it is decommissioned it requires fire rated sealing which will be completed.
In response to the following: some fire doors required improvements e.g. seals on some doors and kitchen fire door not fitting correctly into frame. A carpenter will be reviewing all fire doors to make sure they are fit for purpose and smoke seals in suit. The push bar mechanism on exit door required adjustment, this will also be fixed by maintenance person.
In response to the following: insufficient emergency lighting on external escape routes to guide residents to the assembly point, an exit to the front had a small step which may impede a wheelchair user. Our electrician has been contacted and will be installing additional emergency lighting and we have ordered a new 50mm ramp for same door for easy access/ exit with a wheelchair.
In response to fire drills at night time: scheduled simulated fire drill for May will be at night time with 1 staff member only.

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 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	15/05/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	21/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	28/06/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	28/06/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	28/06/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/06/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	28/06/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Substantially Compliant	Yellow	22/05/2024

	working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/06/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	22/05/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/03/2024