



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:	31 August 2022
Centre ID:	OSV-0000244
Fieldwork ID:	MON-0037720

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:	57
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 31 August 2022	10:00hrs to 17:30hrs	Noel Sheehan	Lead

What residents told us and what inspectors observed

Overall, residents spoken with by the Inspector provided positive feedback about the care they received and services provided in the centre. The inspector arrived unannounced to the centre. On arrival at the centre, the inspector was met by a staff member who ensured a temperature check and hand hygiene was completed prior to starting the inspection. All those entering the building were seen to be wearing a face mask. The Inspector observed a bus at the entrance on arrival at the centre and was informed that two of the current residents are taken to a local day centre during the week.

The inspector was guided on a tour of the premises by the person in charge. The centre is located on the ground floor and is designed to accommodate 65 residents in single rooms. On the day of inspection there were 57 residents living in the centre. Overall the premises, including the communal areas and bedrooms were observed to be clean and there was adequate standard of general hygiene in the centre. Residents bedrooms were personalised with their own items and photos. This included recently admitted residents. There was adequate facilities to securely store residents belongings, however some residents reported that they would have preferred a bigger bedside locker to the one provided. Some residents said that they would prefer a bigger TV in their rooms. The person in charge agreed to discuss this further with residents.

Menus were displayed outside the dining facilities. Residents were asked their meal choice from the daily menu when they arrive in the dining room and can also view menu options in the 'Bambree'. Residents could also change their preference at the time of their meal. Choices were seen to be offered for the main meal at lunch-time and tea time. The inspectors was told that residents were asked their mealtime preferences the day before but there was an option that residents could also change their preference on the day. Residents were consulted with regard to food within the centre's satisfaction survey. Residents spoken with confirmed that they were happy with the meals provided reporting "you get a good choice" and the lunch-time meal was "lovely".

The Inspector spoke with residents and also spent time observing residents' daily lives. Staff were observed to know residents well and to treat residents with dignity and respect, one resident told the inspector "staff are very good here". The Inspector observed activities taking place on the day of inspection and could see both residents and staff enjoying each others company. Residents told the inspector that there was a very good range of activities provided and staff were knowledgeable about residents interests and preferences. The inspector was told that a number of day trips had taken place over the summer and observed that a number of residents were on a trip to Our Lady's Island on the day of inspection. A nicely decorated and welcoming inner courtyard was directly accessible and a number of residents were seen to sit outside or walk around in the sunshine throughout the day. The inspector also observed that staff were deployed to support

residents in their enjoyment of this area.

Residents were observed to be well-dressed with their own individual styles evident. Open visiting was taking place in line with guidelines with visitors observed throughout the day and residents were observed to be going out with family and friends for day trips. The inspector noted that there were a number of young residents living in the centre. Assurances were provided that these residents had additional supports in place and were facilitated to engage in age appropriate activities and to attend services appropriate to their needs. All residents spoken with were complimentary of staff and of the care provided. The inspector observed that all interactions between staff and residents were conducted in a caring and respectful manner. All residents stated that they felt safe in the centre.

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

Capacity and capability

This inspection was a one day risk based inspection carried out in response to information received by the office of the chief inspector that twelve residents had been admitted over the course of seven days from a nearby nursing home. The inspection focused on the governance and management of the centre and oversight of residents needs. Overall the inspector found that care and support was provided to a good standard, however, improvements were required in relation to care planning, and contracts of care.

The centre was owned and operated by Lawson House Nursing Home Limited who is the registered provider. The company comprises two directors who were actively engaged in the running of the centre, one director holds the role of the person in charge and the other director is engaged in the operational management of the centre. The admissions referred to above had taken place while the directors of the registered provider and the person in charge were outside of the country and had only returned to the centre on the day of inspection following their absence. The person in charge told the inspector that she had just started to familiarise herself with the newly admitted residents. The registered provider was informed and aware of all planned admissions and staffing requirements to meet the demand.

The person in charge is an experienced nurse who works full-time in the centre and she is supported by two assistant directors of nursing , a team of nursing staff, care staff, administration staff, housekeeping and maintenance staff. The assistant directors of nursing work opposite each other over 7 days and are responsible for the running of the centre in the absence of the person in charge. There were 57 residents accommodated in Lawson House on the day of the inspection with 22

maximum dependency, 16 high dependency, 9 medium dependency, and 10 low dependency.

There were clear lines of authority and accountability, with each member of the team having their assigned roles and responsibilities. The care staff were divided into two teams who were led and supported by two senior carers. There was evidence of good communication between team members. Staff were seen to be competent and knowledgeable about residents' individual care and their individual needs.

The centre was staffed in accordance with its' statement of purpose and function. There were sufficient staff available on the day of inspection to meet the assessed needs of residents. In response to the recent admission of residents the registered provider had increased the staffing by providing an extra two healthcare attendants during the day and an extra healthcare attendant at night. There were a minimum of two nurses on duty at all times. A nurse was rostered once per month to focus on the administration of medications in advance of changeover of monitored dosage system.

The Inspector found that the management team had improved the systems in place for the effective oversight of the quality and safety of care in the centre since the previous inspection in July 2021. A review of meeting minutes including the management team, and clinical and corporate monthly governance meetings, showed that the management team met regularly to discuss and review key performance indicators. There was an audit schedule and system in place for auditing practices such as falls, tissue viability, medication management, the kitchen and the environment. Records showed that person in charge met with staff from all departments regularly to review practice and to share findings from audit reports.

The annual review of the quality and safety of care for 2021 was available and incorporated an assessment of quality and safety of care against relevant standards.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Regulation 15: Staffing

The centre was staffed in accordance with its statement of purpose and function. Based on the currently assessed needs of the residents, the centre had sufficient staffing and appropriate skill mix in place to provide a high standard of care. The staff roster was reviewed which showed in addition to the nurse management team there were two staff nurses on duty in the centre at all times. Ten healthcare assistants were on duty which reduces to four healthcare assistants after 20.00 for the night. There were three catering staff and three housekeeping staff. Other staff included activity, maintenance and administration staff. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and

treated them with respect and dignity. They all felt there was enough staff available to meet their needs and always came to them when they called.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence that newly recruited staff had received an induction, with evidence of sign off on key aspects of care and procedures in the centre. There was evidence of a good system of staff performance appraisal.

Judgment: Compliant

Regulation 19: Directory of residents

The directory contained all of the information specified in the regulations

Judgment: Compliant

Regulation 21: Records

A review of staff records showed that staff were satisfactorily recruited and inducted. A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for nurses.

Judgment: Compliant

Regulation 23: Governance and management

Actions are required in order to strengthen oversight of care needs of newly admitted residents, as follows:

- Twelve admissions over a period of 6 days did not provide staff with adequate time to become accustomed to residents and to identify specific needs or challenges that may arise and the management of them.
- The development of Individual assessment and care plan and the provision of

contracts of care for newly admitted residents were found to be incomplete.
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
Eleven of twelve recently admitted residents did not have a contract of care that met the requirements of the regulation and described the terms of residency in the centre.
Judgment: Not compliant
Regulation 3: Statement of purpose
A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size of the designated centre.
Judgment: Compliant
Regulation 31: Notification of incidents
All incidents were notified to the Chief Inspector in line with the regulatory requirements.
Judgment: Compliant
Quality and safety
There was evidence that care and support was provided to a good standard. The centre had a well established computerised care planning system in place. From a review of care plans, overall, there were adequate details to support staff in effectively managing residents' health and social care needs. There was a choice of General Practitioners (GPs) attending the centre. Nursing care was provided by a minimum of two registered nurses on duty both during the day and night time in the centre. These arrangements meant that, overall, residents' care and support needs

were being adequately met on an on-going basis. However, improvements were required in the development of care plans for recently admitted residents as detailed below under Regulation 05.

The inspector reviewed a sample of residents files. All residents had a comprehensive pre-admission assessment of needs assessment on admission. On admission, all residents had been assessed by a registered nurse to identify their individual needs and choices. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Each newly admitted resident had a summary sheet that was referred to on handover and during the day that gave information such as, diagnosis, family details, personal care needs, nutritional care, preferences, mobility, medication, restraint. In addition, for recently admitted residents more frequent monitoring was being carried out such as weekly weights, daily food and fluid intake, incontinence, and personal mobility and evacuation.

The inspector reviewed the care plans of a number of residents including weight loss, those at high risk of falls, responsive behaviour, with restraint measures in place and social care needs. Residents' care plan assessments included an evaluation of residents' social and emotional well-being; including suitable activities assessments such as "A Key To Me". While care plans for established residents were comprehensive, the care plans in place for recently admitted residents were still being developed at the time of inspection and required update to ensure sufficient information required to guide care.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. There was evidence of very regular reviews of residents and ongoing medical interventions as well as laboratory results. Referrals arrangements were in place regarding input from specialist care services such as psychiatry of later life and speech and language therapy. A review of residents' records confirmed referral and follow up with these services. Residents' who had developed wounds were assessed by the tissue viability nurse and the recommended advice was seen to be followed.

All staff signed when they administered medicine to residents and in general the management of medication was good. Medicine trolleys were secure, the medicine fridge was locked and there were ordering systems in place. Safe medication systems were in place to support newly admitted residents to the centre.

The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. There was evidence that the centre had returned to pre-pandemic activities, for example; a number of outings had taken place. Group activities took place throughout the day of inspection. Residents had access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week, at times of their choosing. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre. Visitors were requested to complete a brief screening for signs and symptoms of COVID-19 on arrival to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

A log of personal possessions and items was in place for all for recently admitted residents. Residents were provided with adequate storage space in rooms including secure storage of valuable items.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The building was well constructed and maintained. Provisions were in place to address health and safety hazards including call-bell systems and grab rails where necessary. Adequate parking was available on site.

Judgment: Compliant

Regulation 18: Food and nutrition

The Inspector saw that residents had nutrition care plans which identified their preferences for meals. Choice was seen at meal-time and meals including for modified diets were well-presented. Inspectors saw that residents had access to a safe supply of fresh drinking water in bedrooms, with additional fluids offered throughout the day.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were clear arrangements in place for the ordering, receipt, storage, administration and disposal of medication, including drugs that that required additional controls. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. Good medication administration practices were in place and were supported by access to pharmacy services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall care plans described individualised and evidence based interventions to meet the assessed needs of residents. However, the care plans of recently admitted residents were still being developed at the time of inspection and required update to ensure sufficient information required to guide care:

- Care plans for recently admitted residents were not personalised with enough detail to fully direct staff to provide appropriate care. For example, a diabetic resident did not have a specific care plan to support the condition.
- There was no detailed social assessment for recently admitted residents in use which addressed residents social and activation needs. As such, there was no clearly individualised plans for occupation and recreation in place.
- There was no evidence of consultation with residents and their families with regard to the development of care plans of recently admitted residents. The person in charge had not met prospective residents and or their representatives prior to admission, consequently the resident or their family did not have an opportunity to meet in person, provide information and determine if the service could adequately meet the needs of the resident.

Judgment: Not compliant

Regulation 6: Health care

Residents' health care needs were met through timely access to treatment and therapies. Resident's had suitable access to GP's, and allied health care professionals. Newly admitted residents remained under the care of their previous GP. There was good evidence within the files that advice from allied health care

professionals was acted on in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Records and practices observed on the day of the inspection demonstrated that responsive behaviours were managed in the least restrictive way. Assessments and care plans for restraints were completed and seen to be used in accordance with the current national policy. There was evidence that residents who presented with behaviours that challenge were reviewed by their GP and referred to other professionals for review and follow up, as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful coordinated social activities that supported their interests and capabilities. Staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished.

A review of residents' meeting minutes and satisfaction surveys confirmed that residents were consulted with and participated in the organisation of the centre. Residents had access to individual copies of local newspapers, radios, telephones and television. Notice boards in the centre prominently displayed details of available advocacy services and some residents were engaged with external advocacy and disability services. Residents of all ages were supported to access services appropriate to their needs and capacities including appropriate day care services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lawson House Nursing Home OSV-0000244

Inspection ID: MON-0037720

Date of inspection: 31/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The individual assessments have now all been completed.</p> <p>The development of individual care plans is ongoing in consultation with the residents and their families.</p> <p>All care plans will provide detailed information to guide care for the residents taking into account their specific medical conditions, ie. diabetes, epilepsy, mental health and cardiac conditions, etc</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract of care for each new resident was given to their family members on the day of admission. All contracts of care have been signed and returned since the inspection.</p> <p>As per the regulations we will ensure that all contracts of care will be provided to families prior to admission and requested to be signed and returned on the day of admission.</p>	
Regulation 5: Individual assessment	Not Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The individual assessments have now all been completed.</p> <p>The development of individual care plans is ongoing in consultation with the residents and their nominated representative.</p> <p>Eight of the families visited Lawson House prior to admission and met with the ADON on duty. Two residents from the other nursing home visited Lawson House prior to admission.</p> <p>Two families visited Lawson House and made video calls to the resident being transferred to show them the nursing home and the bedrooms.</p> <p>Following consultation with the CNM of the other nursing home it was established that we could provide for the care needs of the residents being transferred.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/10/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Not Compliant	Orange	06/10/2022

	centre.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	12/10/2022