



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

Issued by the Chief Inspector

Name of designated centre:	St Lazerian's House
Name of provider:	St. Lazerian's House Company Limited By Guarantee
Address of centre:	Royal Oak Road, Bagenalstown, Carlow
Type of inspection:	Unannounced
Date of inspection:	22 January 2025
Centre ID:	OSV-0000556
Fieldwork ID:	MON-0043922

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
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How we inspect

To prepare for this inspection the inspector or 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 22 January 2025	09:05hrs to 15:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector spoke with five residents living in the centre, residents who were willing and able to converse. The overall feedback from the residents living in the centre was positive. Residents told the inspectors that they were well looked after and that staff were very kind to them.

The centre caters for 18 male and female residents from surrounding parishes, who have low dependency needs. There is a nurse on duty for 18 hours per week and healthcare assistants provide care under the supervision of the person in charge. Residents' accommodation is located on the ground floor throughout. The centre has a smoking hut for residents containing protective equipment which is outdoor, to the back of the centre.

The inspector saw 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.

Activities were plentiful in the centre. The activities schedule was in both written and picture format to ensure all residents could clearly identify each activity was available and they wished to join. Activities included music, mindfulness, arts and crafts, chair based yoga and gardening. As many residents required minimal support, they also attended activities in the community with their friends and family members. The person in charge informed the inspector that following a fund-raising event they now had sufficient funds to purchase a mini-bus for the residents' use. This would ensure that residents could be facilitated to go on day trips accompanied by staff.

Throughout the day of inspection residents were observed either coming or going from the centre, some alone or with family or friends. These residents maintained their connections with the local community and were independent in making choices about how their days were spent.

Residents spoke very proudly about an award the centre had just received. This was an award for 'Care home of the year'. Residents said they were 'very proud' and enjoyed the celebrations. One resident said 'sure, don't the staff deserve it' while another said 'great for staff to be appreciated for all they do for us'. The inspector observed that staff knew the residents well and were aware of their individual needs. There was a friendly gentle approach provided from staff ensuring that residents were encouraged to maintain their independence, and also made aware that supports were available to them.

Residents sat together in groups to enjoy their meal. There was a choice of meals available and residents told the inspector that there was never a problem asking for something else. The meals were observed to be nutritious and wholesome with large portions served. The atmosphere during mealtimes was unhurried and sociable

with residents chatting with each other and also with staff. A choice of drinks was available throughout the meal and refreshments were served throughout the day also. The inspector observed staff offering a variety of drinks including soup, tea and coffee throughout the day and residents were given a choice with what they wanted to accompany this. One resident described the food as 'excellent' while another described it as 'hearty solid food'.

Residents had the choice to have their personal clothes laundered in the centre. The feedback from residents on this service was very positive. One resident informed the inspector that having their laundry included in the fee was a great relief and having no extra charges to worry about was even better.

There were information notices displayed around the centre. This was to assist residents in contacting other supports if required, such as advocacy services, citizens information and any other services that are available to residents living in the centre.

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

Capacity and capability

Overall, this was a good, well-resourced centre with effective governance and management arrangements which ensured residents were supported to enjoy a good quality of life and receive safe quality care and supports.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements. The compliance plan from the previous inspection carried out in June 2024 was also followed up. The inspector found that the compliance plan responses had been implemented in relation to Regulation 17: Premises, Regulation 28: Fire precautions and Regulation 27: Infection prevention and control.

The provider is St. Lazerian's House Company Limited By Guarantee. There was a board of management in place to support the person in charge and the residents living in the centre. One of the board members is the nominated representative for St. Lazerian's House. There was a clearly defined management structure in place with clear lines of authority and accountability. On the day of inspection the person in charge was supported by healthcare support staff, a team of catering staff and administration.

There was an established governance and management structure in place. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. The inspector reviewed governance and management documentation including audit records, meeting minutes and complaints. There was

a comprehensive audit schedule which included audits of food and nutrition, safeguarding, falls and care plans. Staff meetings, management and health and safety meetings took place regularly.

The inspector reviewed the complaints log and found that complaints were appropriately managed in the centre. The complaints policy and procedure had been updated and reviewed recently. There was one complaint since the last inspection which was managed appropriately and the outcome provided to the complainant.

All the required documents were made available to the inspector to include staff files. These were found to have all the required documents in place prior to the staff member commencing in their role.

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

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3, including details of their next of kind or any person authorised to act on the resident's behalf.

Judgment: Compliant

Regulation 21: Records

A review of five personnel files found evidence of identification, relevant qualifications and references. The inspector was assured that An Garda Síochána (police) vetting disclosures, were in place for all directly employed staff and those on community work placement schemes run by the Department of Social Protection.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints procedure which contained all the requirements as set out in Regulation 34. The single complaint received since the last inspection was accurately recorded and promptly investigated.

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 inspector was 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.

The residents in the centre lived in an unrestricted manner according to their needs and capabilities. Residents' health, social care and spiritual needs were well catered for. The premises continuously required upkeep and maintenance due to being an

old building, but the team continued to have improvement and upgrading plans in place with practical time frames. Residents appeared comfortable in their surroundings and their needs were met. The person in charge and staff team were well-known to residents and were seen to provide person-centred care.

Throughout the day it was evident that resident's rights were upheld. The inspector saw that residents' bedrooms were nicely decorated with personal belongings, pictures and plants. Residents had access to television radio and newspapers.

Residents were consulted about and participated in the organisation of the designated centre. There was an active social programme where birthdays and other occasions were celebrated. There were regular day and night time outings to local events and venues. There were no restrictive practices in place. Residents came and went as they wished and lived their lives in accordance with their preferences.

Visits were not restricted and visitors were observed coming and going from the centre. Many visitors were observed collecting and dropping back residents following social events or outings. The centre had a visiting room for residents and their visitors to avail of should they wish.

A residents' guide was available in the centre and it contained information on the service and facilities available. It also contained a copy of the complaints procedure and contact details for independent advocacy services.

The provider was not a pension-agent for any resident living in the centre but support was made available to residents should they require when dealing with their finances.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide set out the requirements under the regulations including the complaints procedure and details of advocacy services.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. An Garda Síochána vetting disclosures were in place for all staff before they commenced in their role.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and respectful. There was independent advocacy services made available to all residents and their contact details displayed around the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant