

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Leeson Park House Nursing Home
Centre ID:	OSV-0000058
Centre address:	10 Leeson Park, Dublin 6.
Telephone number:	01 497 6500
Email address:	leesonpark@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shanid Limited
Provider Nominee:	Joseph Kenny
Lead inspector:	Ann Wallace
Support inspector(s):	Sheila McKeivitt
Type of inspection	Announced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	7

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 May 2017 10:00	04 May 2017 18:00
05 May 2017 08:00	05 May 2017 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was an announced inspection which was carried out in response to the provider's application to renew the certificate of registration.

As part of the inspection inspectors met with residents, families and members of

staff. They also observed practices and reviewed documentation including policies and procedures, care plans, medical records and staff files.

Inspectors found that residents received person centred care from a team of staff who had the appropriate skills and knowledge to provide safe and effective care. Residents who spoke with the inspectors said that they were receiving a good service and that they felt safe in the centre. The inspectors found that residents were offered choice in how they went about their daily lives at the centre. Staff knew the residents and were familiar with their care needs and their preferences for care and services.

Inspectors were satisfied that there were adequate staff on duty with the right skill mix to meet the residents' assessed needs. Residents health needs were met with good access to medical professionals, allied health care professionals and specialist services when required.

The centre was managed by a suitable qualified and experienced person in charge [PIC]. There were effective governance and management arrangements in place to ensure the quality and safety of the service provided in the centre. Regular reviews and audits were carried out and there was clear evidence of changes being made in response to audits and other feedback.

Evidence of good practice was found across all outcomes with 15 out of 18 outcomes deemed to be in compliance with the Health Act 2007 [Care and Welfare of Residents in Designated Centres for Older People] Regulations 2013. One area for improvement was identified in relation to fire safety where residents' bedroom doors were wedged open during the day. This had been identified on the centre's risk register and there was a works programme to fit automated self closures to bedroom doors in progress during the inspection. This is dealt with in the action plan at the end of the report. Two further improvements were identified around the proximity of the staff smoking area to the resident's lounge on the lower ground floor and the configuration of three of the double bedrooms on the lower ground floor which did not ensure the privacy and dignity of the residents. These are dealt with in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose set out the services and facilities in the designated centre and contained all the requirements of schedule 1 of the regulations. It was kept up to date and had been revised in January 2017.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were systems in place to monitor the quality of care and experience of the residents in the centre.

The service provided in the centre was seen to be in line with the statement of purpose. Inspectors found that there were sufficient resources made available to provide safe and

effective care and services.

There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom the inspectors spoke were clear about the reporting structure. The provider nominee worked closely with the person in charge [PIC] and reported back to the Provider and the senior management team on a regular basis. The person in charge was supported in their role by two assistant directors of nursing.

Management meetings were held weekly between the person in charge and the provider nominee. A review of the meeting minutes showed that key issues such as staffing, training, complaints, audits, incidents and concerns about individual residents were discussed and management plans drawn up to resolve issues raised. The minutes identified timescales and individual responsibilities for actions agreed in the meetings. Inspectors noted that agreed actions had been completed by the responsible persons in a number of areas including meal times, activities and medication management.

Documentation showed that the quality of care and the experience of residents were monitored and reviewed on an ongoing basis. The person in charge carried out a range of monthly audits on practice in the centre and used the findings to identify areas for improvements. Areas audited included complaints, incidents, care plans, medications, use of bedrails and falls.

The centre had completed an annual review of the quality and safety of care delivered to residents against the national standards for residential care settings for older people in Ireland. The review included feedback from residents and relatives on the quality of services provided in the centre, a review of practice from 2016 and areas for improvement for 2017. The report was available to residents and their families

Inspectors found that the centre had appropriate arrangements in place to supervise staff in their work. Nursing and care staff were supervised by the assistant directors of nursing. The centre had recently introduced a new roster which ensured that an assistant director of nursing would be available in the centre every day including weekends. Support staff in catering and housekeeping departments were supervised by the person in charge. Annual appraisals were in place for staff. There were regular staff meetings including staff handover meetings at the beginning of each shift. All meetings were minuted. Staff told the inspectors that they had regular contact with the management team in the centre and that senior staff were approachable.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a resident's guide available for residents. Each resident had a written contract that dealt with the care and services provided to them by the centre,</p> <p>The resident's guide had recently been updated to include information about the newly appointed person in charge. The residents guide was given to each resident when they were admitted to the centre. The guide contained details about the complaints procedure, a summary of the services available at the centre, the terms and conditions of residency and information for visitors to the centre.</p> <p>The inspectors reviewed 3 contracts. Each contract dealt with the care and welfare of the resident and listed the services that would be provided to the individual resident. All standard and additional fees were documented in the contract. Each contract was signed by a representative of the provider and by the resident or their next of kin.</p>
<p>Judgment: Compliant</p>

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

<p>Theme: Governance, Leadership and Management</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a full time person in charge of the designated centre who had the relevant experience and qualifications required to carry out the role. They demonstrated a good understanding of the regulations and standards and had effective systems in place in the centre to make sure that these were being met. The person in charge was seen to be accessible to staff and residents. The focus of their work was ensuring the quality and safety of the care and services provided for residents.</p>
<p>Judgment: Compliant</p>

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had comprehensive policies and procedures relating to documentation and the maintenance and storage of records. Staff who spoke with the inspectors could articulate the policies and procedures relating to documentation relevant to their roles.

During the inspection the following documents were reviewed by the inspectors; resident care plans and medication charts, resident contracts, staff files and recruitment records, the statement of purpose, clinical audits, staff and resident meetings and complaints. All documents required in schedule 2.3 and 4 were available for review and met the requirements of the regulations. Documents reviewed by the inspectors were well presented and written in a clear and accessible format.

Inspectors found that confidential staff and resident information was stored securely but was accessible when needed.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed

absence of the person in charge for a continuous period of 28 days.

The centre had two assistant directors of nursing who were available to deputise in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that appropriate measures were in place to safeguard and protect residents from abuse.

The centre had comprehensive policies and procedures in place to guide practice in the prevention, detection and response to abuse. Staff were able to articulate the different types of abuse as described in the centre's policy and were clear about what to do if they suspected or were informed about an allegation of abuse and who to report it to. Staff training records showed that all staff had attended safeguarding training and that regular update training was available to staff.

The person in charge and senior nursing staff were familiar with the procedures to follow to carry out an investigation and what their role would be.

Residents who spoke with the inspectors said that they felt safe in the centre. This was confirmed in the surveys that residents and families completed as part of the inspection process.

Inspectors reviewed the policies and procedures that were in place in the centre relating to responsive [challenging] behaviours and the use of restraint. Policies and procedures followed national best practice guidance and the centre was working towards a restraint free environment. Staff had attended training on the management of responsive behaviours. Care plans were in place for resident's who presented with responsive behaviours. Staff knew the residents who may present with these types of behaviours and how to respond to the individual residents in order to support them and keep them safe.

Where restraints were in use, for example bed rails, residents' records showed that a comprehensive risk assessment had been completed and that alternatives had been considered. Care plans showed that residents and their families were involved in the decision to use restraints. Restraints were monitored by the centre and residents' care plans relating to restraints were reviewed at least four monthly.

The centre had clear policies and procedures in place relating to residents finances.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that the health and safety of residents, staff and visitors was actively promoted.

The centre had a comprehensive health and safety and risk management policies in place which met the regulations. There was an up to date Health and Safety Statement which was centre specific and detailed the processes that were in place relating to health and safety. The centre's risk register was reviewed regularly and had recently been updated. The risk register documented the measures that had been put into place to mitigate any identified risks. The centre had an emergency plan in place which provided guidance to staff on the contact numbers and the alternative accommodation for residents should a full evacuation of the centre be required..

Training records showed that staff had good access to a range of health and safety training including moving and handling, infection control, fire safety and food hygiene. Staff who spoke with the inspectors demonstrated a good awareness of health and safety issues and were able to articulate specific risks relating to their work and the measures that were in place to manage that risk. Staff were observed to be following appropriate health and safety practices in their day to day work.

Records showed that fire drills were carried out regularly on both day and night shifts. Staff interviewed demonstrated that they knew what to do in the event of a fire including the center's evacuation procedures. Fire action signs were on display throughout the building. Smoke detectors and fire blankets were in place. Evacuation sheets were available for those residents who were identified as needing full support during an evacuation. Each resident had a personal emergency egress plan [PEEP]

which clearly outlined the resident's needs in terms of mobility, communications and cognitive impairment in the event of an emergency evacuation.

Maintenance records confirmed that fire equipment was serviced regularly. The centre was compartmentalized through the use of fire doors which closed automatically when the fire alarm sounded. However the inspector found that it was common practice in the centre to prop open bedroom doors during the day if the resident requested this. This had been identified as a risk on the risk register and the centre was in the process of fitting sound automated self closing doors on bedrooms throughout the building. This is dealt with in the action plan at the end of the report.

Staff were observed to follow the centre's infection control guidelines. The inspectors found that staff washed their hands regularly and wore personal protective equipment such as aprons and gloves. Hand sanitizers and hand washing facilities were in place around the centre.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate management systems in place in the centre to ensure safe and effective medication practices.

The medication policy gave clear guidance to nursing staff on areas such as the individual responsibilities, the 'ten rights', ordering, administration including that of 'as required' [PRN] medication, crushing medication and the disposal of un-used and out of date medications. Policies and procedures reflected national best practice guidance. Staff administering medications were observed to be following the centre's policies and procedures.

A sample of resident's medication records was reviewed. The records were signed by the nurse following administration of medications and the record included the name of the drug and dosage and the time of administration. There was space to record if a drug had not been administered and the reason why was documented using a coded system. Drugs that were crushed for administration were prescribed by the residents general practitioner [GP] as suitable for crushing and liquid alternatives were sourced where possible. Residents' medications were reviewed at least every four months by

their GP.

Medicines were stored safely in locked medication trolleys. Controlled drugs were stored securely. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found the to be correct.

There was a policy in place to support residents who chose to manage their won medications. This included a thorough risk assessment and care plan for the residents concerned. The inspectors found that two residents were managing some of their medications and that care plans were in place for this.

The centre had a range of audits to monitor the safety and quality of medication management systems. This included monthly nursing medication administration audits, monthly medication documentation reviews and a three monthly pharmacist audit.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A record was maintained of all incidents which occurred in the centre. Quarterly notifications were submitted to HIQA, as required. The person in charge was found to be aware of the types of notifications and the relevant regulations relating to notifications.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Each resident had an assessment of their needs. There were risk assessments and care plans in place for each resident and these were reviewed regularly. Staff knew the residents well and were familiar with their needs and their preferences for care and support.

Inspectors reviewed a selection of resident's records and spoke with staff who developed and used them. A pre-admission assessment was carried out for all new admissions in order to ensure that the centre would be able to meet the residents' ongoing needs for care and services. Once the resident was admitted a more detailed assessment including the identification of any actual or potential risks was completed. Risk assessments for all residents included nutritional risk, moving and handling risk, falls risk and pressure sore risk. Following the assessment a care plan was developed and agreed with the resident and their family. Care plans were reviewed four monthly or more often if the resident's needs changed.

Inspectors found that residents had access to relevant health and social care professionals including General Practitioners [GPs], physiotherapist, dietician, speech and language therapist, occupational therapy, psychiatry and community mental health services. GPs visited the centre weekly or more often if needed and there was an out of hours GP service in place when required. The centre organized visiting dentist and optician services or if the resident preferred to make their own arrangements the centre supported them to do this.

Inspectors found that where residents were temporarily absent from the centre the relevant information was sent with them in relation to their medication and assessment of their current needs. Also when the resident returned to the centre, for example from hospital there was a clear summary of their needs and any changes to medication or care.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

In most areas the layout and design of the centre met the needs of the residents and was appropriate for its intended purpose. However the inspectors found that the configuration of three of the shared rooms on the lower ground floor did not ensure that the privacy and dignity of the residents in these rooms could be maintained at all times. This is dealt with under Outcome 16.

The centre is based in a large three storey house with enclosed gardens which has been extended to provide the current accommodation. The house was beautifully decorated and furnished. The management team had made every effort to provide a suitable environment for residents with a variety of needs whilst maintaining the elegance and features of the original house. The hallways and communal areas were furnished with period furniture, decorative mirrors, bookshelves and chandeliers. The layout of the seating and dining areas encouraged social interaction between residents and there were several quiet areas if residents preferred to spend time quietly. One particularly pleasant seating area was in the first floor conservatory overlooking the garden. The library provided a quiet space for residents to meet with their visitors in private

Residents were observed mobilizing throughout the centre during the inspection, some spending time in their rooms and others choosing to spend time in the communal areas.

Residents had access to an enclosed garden area to the rear of the property. The garden provided a safe and pleasant outside space for residents. Residents on the lower ground floor had a view of the garden from the main lounge. The garden contained flower beds, lawned areas tables and chairs and a resident smoking area.

The staff smoking area was situated close to the lounge area on the lower ground floor and there was a risk of passive smoking to the residents sitting nearby when the windows were open. This is dealt with in the action plan at the end of the report.

The inspectors reviewed a number of resident's bedrooms. All bedrooms were single or double rooms. Each room had a wardrobe and bedside locker for each resident. Residents had lockable storage space in their rooms. Double occupancy rooms had screening curtains in place to respect residents' privacy and dignity. The configuration of three of the shared rooms on the lower ground floor did not ensure that the privacy and dignity of the residents in these rooms could be maintained at all times. This is dealt with further in the action plan at the end of the report.

Each resident had a nurse call bell beside the bed. There were sufficient wheelchair accessible toilets and shower rooms in the centre. Grab rails, raised toilet seats and shower chairs were available in these areas.

There was storage for hoists and wheelchairs in the centre. The inspectors reviewed the service records for the equipment in use and found that the items had been serviced within the last twelve months. Staff reported that equipment was repaired and replaced promptly if needed.

The inspectors found that the centre was clean, well lit, in a good state of repair and was suitably heated throughout. The maintenance records showed that there were systems in place to service and maintain the building and equipment including fire equipment.

The centre had adequate storage available for products and equipment however this was newly built and outside of the main building. As a result the centre was not making best use of the available storage space. This was discussed with the management team who are currently working with staff to review storage practices.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

All complaints were being recorded in the centre. Complaints were being listened to and acted upon.

The centre had a comprehensive complaints policy in place. The policy clearly outlined the processes in place to make a complaint, who to go to and what could be expected from the centre to manage the complaint. The complaint policy was displayed at various points throughout the centre. Staff were able to articulate the procedure for making and dealing with complaints.

The inspectors reviewed the complaints log and found that written and verbal complaints had been recorded. The document included the actions taken by the centre to resolve the complaint, the outcome of the complaint and the complainant's satisfaction with the outcome. The complaints log was reviewed monthly as part of the centre's monthly management audit. The provider nominee informed the inspector that the centre used the learning from the complaint to make relevant changes and improvements such as staff training or changes in policy or procedures. There was no evidence to suggest that anyone had been adversely affected from making a complaint.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were systems in place to make sure that when residents were approaching end of life that appropriate care and support was available to meet their needs and preferences for end of life care.

Inspectors found that where residents had expressed their views about end of life care these had been recorded and included in their end of life care plan. Preferences were recorded for where they wanted to be looked after, the type of religious service they wanted and their preferred funeral arrangements. There was a small oratory on the lower ground floor of the centre. Residents could choose to use this as part of the arrangements if they wished to do so.

The centre had clear policies and procedures in relation to end of life care. Staff who spoke with the inspectors were aware of the policies and procedures and their role in supporting residents and their families at end of life. Staff stated that families and friends were encouraged to be involved in supporting the resident at end of life.

The centre worked closely with Blackrock Hospice specialist nursing team to provide end of life care for residents when required. The Hospice team also provided ongoing end of life care skills training for nursing and care staff in the centre.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that residents were provided with food and drinks in quantities to meet their needs. There were processes in place to ensure that individual resident's nutritional needs were met.

The inspector met with residents during the lunchtime meal and spoke to some residents who chose to take their meals in their rooms. Residents stated that they were mostly happy with the food provided in the centre. The meals were nutritious and nicely presented. The main meal was three courses with a choice of main course and dessert. Hot and cold drinks were served with the meals. Inspectors observed that residents enjoyed meal times as a social activity. The meal experience was unhurried and residents were chatting in groups around the table throughout. Staff were observed offering discreet support and encouragement to those residents who needed help at meal times.

The centre had clear processes in place to ensure that resident's nutritional risk and needs were identified and monitored. Residents' records showed that referrals were made to the resident's general practitioner and to the dietician when required. Food and fluid intake records were maintained for those residents identified as being at risk. The inspector spoke with the chef who was knowledgeable about individual resident's nutritional needs and their plan of care regarding nutrition. The kitchen had up to date information about residents who required special diets including fortified diets, textured diets and thickened fluids.

Menus were prepared monthly, adjusted seasonally and accommodated resident's food choices and feedback. All food was prepared in the centre's kitchen. The chef confirmed that alternative meal choices were available for all residents and that snacks were available at all times. Inspectors observed residents being offered a variety of snacks and drinks throughout the day.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that there was a person centred approach to the residents in the centre that respected their privacy and dignity. However the inspectors observed that the configuration of three bedrooms on the lower ground floor did not ensure that the residents' privacy and dignity could be maintained at all times. This is dealt with in the action plan at the end of the report.

There was a wide range of activities and support in the centre that provided the opportunity for residents to be involved in activities and occupations that were of interest to them. Staff offered support and gentle encouragement to residents throughout the activity sessions. Residents were encouraged to meet in the communal areas for most activities but residents were offered 1:1 activities in their rooms if they preferred or if their dependency meant that they were not able to join in the group activity on offer.

The activities taking place during the inspection included music sessions, card games, relaxation sessions, craft activities, gentle exercise/walks and a reminiscence session. The sessions were provided throughout the day from late morning to tea time. Inspectors also saw examples of other activities happening on the day that were not planned but the resident requested to go out to the shop. There were also groups of residents choosing to spend time together and chatting about local news and current affairs.

Residents told the inspectors that the centre organized trips to the theatre and to music recitals every couple of months.

Throughout the inspection residents were seen to be making choices about how and where to spend their day. For example when to get up, what to eat and drink at meal times and whether to take part in the activities on offer. There were several visitors in the centre during the inspection and residents could meet with their visitors in private in their rooms or in the library.

There were televisions and newspapers available for residents. There was a telephone that residents could use in private or some residents had chosen to have a private phone installed in their room. Residents had access to WIFI and the service was being upgraded as part of the centre's improvement plan.

Where residents had communication needs these were identified during their assessment and were documented in the care plans. Staff knew the residents and were aware of individual resident's communication needs and what support was needed to engage with them effectively.

There were regular residents meetings and meeting records showed that topics such as food, the laundry service and activities were discussed regularly. Where issues were

raised the centre provided feedback on what had been done to resolve issues.

Residents had access to advocacy within the centre and details were provided in the resident's guide and on the notices around the centre.

Residents were supported to vote in elections if they chose to do so.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were supported to retain control over their possessions.

Inspectors observed that residents had sufficient space for their belongings, including a lockable storage space in their bedroom. Furniture provided by the centre included a wardrobe and a set of drawers for residents to store their clothes and other belongings. Some residents had chosen to personalize their rooms with photographs, pictures and furniture from home. The maintenance staff were available to hang pictures and photographs and to put up shelves when requested.

Property lists were compiled when the resident was admitted to the centre and updated as required.

The centre provided a laundry service for residents and other residents chose to send their laundry home with family. Residents clothing was returned within 24 hours. Care staff helped residents to put laundry away and to keep their clothes and belongings tidy and clean.

Judgment:

Compliant

Outcome 18: Suitable Staffing There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have

up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that there were sufficient staff with the required skills to meet the needs of the residents who were in the designated centre.

The centre is laid out over three floors and is divided into two units. Each unit had allocated staff including a nurse on each unit. There was also an Assistant Director of Nursing [ADON] available on each unit providing support and supervision to nursing and care staff. The centre had introduced a new roster which would ensure that there was an ADON available in the centre at weekends.

Inspectors spoke with a number of staff and found them to be enthusiastic about their work in the centre. Care staff spoke about the importance of getting to know individual residents, their likes and dislikes and their preferred routines. Inspectors noted that staff knew the residents well and were able to answer a range of questions about individual resident's care without making reference to the resident's records. This information was verified when inspectors reviewed individual resident's care plans.

There were sufficient housekeeping, maintenance and catering staff to ensure that resident's needs were being met and that the centre was maintained appropriately.

The centre had a system in place to monitor staff training needs. Staff reported ease of access to training sessions. Staff records showed that all staff were trained in fire safety, moving and handling, infection control and elder abuse. All staff had received update training. Some staff had attended dementia training and end of life care training. All nursing staff had attended medication training in line with the requirement from the last inspection.

There were effective recruitment procedures in place in the centre. A total of four staff files were reviewed by the inspectors. The files contained the requirements of Schedule 2 of the regulations. All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Leeson Park House Nursing Home
Centre ID:	OSV-0000058
Date of inspection:	4 th and 5 th May 2017
Date of response:	16 th June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some bedroom doors were wedged open during the day at the resident's request. This was identified as a risk by the centre and a works schedule was in place to fit sound activated self-closing doors on bedrooms where residents requested that they be open during the day.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:

We have reviewed the facility and have scheduled an installation of Dorgard Pro wireless hold open devices and transmitters which will allow residents to have their doors open during the day where requested and will automatically close on activation of the fire alarm system.

Proposed Timescale: 28/07/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff smoking area is situated too close to the resident lounge on the ground floor. There is a risk to residents from passive smoking when the window or door are opened.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

A new staff smoking area has been identified away from the building. It is currently being constructed and will be completed within two weeks.

Proposed Timescale: 30/06/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The configuration of three bedrooms on the lower ground floor did not ensure that the resident's privacy and dignity could be met at all times.

3. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

Works have commenced on the three bedrooms identified on the lower ground floor. The ceiling lighting has been upgraded to higher output warm white LED technology fittings.

The privacy curtain rail installation will be modified to ensure privacy and dignity for each resident.

One of the rooms is being reconfigured to offer residents an alternative layout of the beds and a seating area if they request same.

Any unnecessary clutter has been removed and housekeeping will be monitored by the PIC to ensure that no inappropriate storage affects the resident's space.

Proposed Timescale: 28/07/2017