



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

## Issued by the Chief Inspector

Name of designated centre:	Leeson Park House Nursing Home
Name of provider:	Shanid Limited
Address of centre:	10 Leeson Park, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	27 May 2021
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0033106

## About the designated centre

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

Leeson Park Nursing Home is home to forty nine residents and provides long stay, short stay and focused care options for both male and female adults with a range of dependencies and needs. There is full time nursing care provided to residents. The house is situated in a residential area of Dublin 6. Accommodation is arranged over four floors and includes single, companion and shared accommodation with assisted bath and shower rooms. There is also a penthouse suite situated on the fourth floor. The reception rooms are a defining feature of the house with fireplaces, high ceilings and art work. The dining room is large and spacious. There are a number of lounges, reading and recreational areas including a library and a small oratory. There is an enclosed garden which is carefully maintained to compliment the unique characteristics of the home.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	40
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 27 May 2021	09:35hrs to 17:15hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

The residents that spoke with the inspector said that they liked living in the designated centre and that they felt safe and secure. Residents also said that they were happy with the support they received from staff during the COVID-19 pandemic but were also looking forward to resuming their normal routine. The findings of this unannounced inspection confirmed that residents living in the centre were well cared for and enjoyed a good quality of life.

All visitors to the designated centre were observed to undergo checks to promote effective infection prevention and control measures in preventing the introduction of infection into the centre. Visits to the designated centre were arranged by appointment with relatives now able to spend time with the residents in their bedrooms or in the centres library. There was signage located throughout the designated centre which informed staff, residents and visitors of the protocols to follow to reduce the risk of infection such as the wearing of personal protective equipment (PPE) social distancing and cough etiquette.

Residents mentioned that staff were kind and considerate and felt that their rights were being upheld. Residents discussed the opportunities they had to talk about the service they received. Residents showed the inspector minutes of the last residents meeting and confirmed that if they did not attend the meetings staff would ensure they were informed of what was discussed and decided. Staff were observed to knock on residents doors before entering and gave explanation as to why they were there. While some residents chose to remain in their rooms many were engaged in activities set out in the activity programme. Residents were seen engaging in a physical exercise class in the library room. This was an enjoyable experience for residents with support and encouragement provided by the staff team where needed.

Staff were observed to be knowledgeable of residents needs, there was a stable staff team in place which ensured continuity of care. Residents mentioned that when they needed support they did not have to long wait for staff to arrive. All residents seen during the inspection were appropriately dressed and were wearing suitable footwear. Mobility equipment such as wheelchairs, rollator and zimmer frames appeared clean and in good condition. Residents also said that it was great that they did not have to remember to take their medicines as staff organised this and gave them their medicines at regular times.

The home was tastefully decorated with many areas containing period furniture, paintings and period style decoration. There were numerous communal areas for residents to use which were suitably decorated and maintained. Residents also had access to an enclosed garden area which also contained a smoking facility. All internal communal areas including the garden area were seen to be frequently used by residents throughout the day. Resident told the inspector they were happy with their room environments. Some residents had chosen to personalise their rooms

with photographs and ornaments. There was sufficient space for residents to store their clothing and personal belongings.

Residents told the inspector that they liked the food provided and mentioned that they could have breakfast in their rooms if they wanted. Inspectors reviewed the menu on the day and saw that there was a choice of meals available to residents. The dining facilities were of a high standard with tables positioned to maintain social distancing.

Residents told the inspector that they felt listened to and that if they had a complaint or concern that it would be dealt with by the staff team. There was evidence that the provider carried out satisfaction surveys to establish residents and families views on the quality of services provided with these results incorporated into the annual review of quality and safety.

Overall residents expressed feelings of content living in the centre. The next two sections of the report will present 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

This was a well managed centre with the registered provider keen to ensure that the centre was in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that there was a clear governance and management structure in place with clear lines of accountability and responsibility. The provider had responded in a positive manner to fire safety concerns raised by inspectors at a previous inspection, which resulted in a restrictive condition being applied to the designated centres certificate of registration. The provider had addressed these concerns within the required timescale and had therefore come back into compliance with the regulations. The provider had successfully applied to have the restrictive condition removed.

The registered provider Shanid Limited is part of the Silver Stream Health care group which is involved in the running of six other designated centres in the state. The person in charge worked full time in the designated centre and was supported in their management role by an assistant director of nursing, two clinical nurse managers, and a clinical governance manager who was in regular contact with the centre. A team of household staff, activity workers, health care assistants made up the rest of the staff team providing care and support to the residents.

The designated centre experienced a COVID-19 outbreak from the 13 January 2021 until 28 February with 24 residents and 21 staff affected. Sadly three residents who contracted COVID-19 passed away. Inspectors found that there was effective arrangements in place for the control and management of infection in the centre

and that there was ongoing communication and guidance received from public health.

While there were systems and oversight arrangements in place to monitor the quality of care and the safety of residents, two areas required review. A more robust method of reviewing and updating all risk assessments was needed to ensure that interventions to mitigate identified risks were effective and routinely monitored. A range of clinical and operational audits were routinely carried out by the management team to ensure effective and safe delivery of care to the residents. While there were significant improvements noted regarding the identification of risks associated with fire and COVID-19 other operational risks had not been reviewed or updated which meant that all risk register was out of date.

There was a stable staff team in place which assisted in the continuity of care to the residents which was welcomed by the residents who spoke to the inspector. Staff were supported in their role by having access to supervision and mandatory training. While there was a high degree of knowledge among the staff team regarding infection prevention and control protocols a significant number of staff required refresher training in this area as an audit carried out by the director of nursing indicated that 30% of the staff team required updated Infection, prevention and control training.

There was a comprehensive annual review of the quality and safety of care being delivered to residents in the designated centre which incorporated their views on the service provided. All complaints received by the provider were reviewed according to the complaints policy and it was clear that the provider was keen to improve services as a result of these complaints. Residents who expressed an opinion were of the view that there was a genuine attempt on behalf of the provider to ensure that services provided were of a good quality.

### Regulation 15: Staffing

The staffing levels and skill mix were sufficient to meet the assessed needs of the residents having regard for the size and layout of the designated centre. There was a registered nurse available during the day and night. Inspectors noted that the staff team was stable with no staff vacancies in the designated centre. A review of rosters indicated that where absences occurred due to holidays or training the registered provider ensured that appropriate cover was in place.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of records relating to staff training and development indicated that staff

were appropriately supervised. There were records in place to show that staff received an induction and were provided with the necessary support during their probation period. Observations during the inspection indicated that non clinical staff were appropriately supervised in their work with direction and support available from the nursing team.

The training matrix confirmed that staff had regular access to mandatory training including safeguarding, moving and handling and fire safety training. There was also additional training available to staff which included dementia, end of life, wound management, Cardio pulmonary resuscitation (CPR) and medication management training.

A training audit carried out on the 12 May 2021 by the person in charge indicated that 30% of staff were outstanding with their Infection Prevention and Control training which should have been organised on an annual basis.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which was available for review. Information contained in this register was set out according to the requirements of schedule three of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were sufficient resources made available by the registered provider which ensured that residents were provided with the required levels of support to meet their care and welfare needs. There was a clearly defined management structure in place with defined lines of accountability and authority. There was a stable staff team in place who were aware of their individual roles and responsibilities.

Audit and monitoring systems for both clinical and operational tasks were in place and were reviewed on a regular basis with action plans assigned to each service area where an improvement was needed. A review of training records indicated however that 30% of staff were outstanding with their Infection, prevention and control training. While there was a safety statement and a risk assessment process in place inspectors identified gaps in maintaining the risk register which meant that not risks were updated or removed from the register if they no longer applied to the designated centre.

There were a range of oversight arrangements in place to provide guidance and



support in maintaining a quality service. Management at centre and senior levels were seen to be proactive in ensuring that this service met the needs of the individual residents.

An annual review of the quality and safety of care for 2020 was in place and incorporated the views of residents and families. A copy of the report was available for residents and families.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints procedure which was prominently displayed in the centre and described in clear detail how one would go about registering a complaint. The policy included all the requirements of the regulations including arrangements for feedback and how one would register an appeal should they be unhappy with the complaint outcome. The register provider was keen to learn from complaints received and improve practice where needed. All complaints reviewed recorded whether the complainant was satisfied with the complaint outcome.

Judgment: Compliant

### Quality and safety

Residents enjoyed a good quality of life in this designated centre with their health and social care needs identified and met by the registered provider. There were examples of good quality care interventions which promoted and enhanced residents lived experience and were based on respect for the individual.

Overall, the inspector found that residents' healthcare needs were met. There was regular access to medical care with arrangements in place for residents to retain their own GP. Access to allied health care such as dietitians, tissue viability nurses and speech and language therapists was also available for residents. Referrals for occupational therapy and physiotherapy input were made in a timely manner to community services. There were a range of nursing metrics in place to monitor the quality of health care input which were subject to regular review by the internal clinical governance team.

The inspectors found that resident care plans were well written and incorporated the wishes of the individual regarding how they wanted their care to be delivered. Clear and concise daily notes meant that care interventions could be reviewed and evaluated in an effective manner. While there was a four month care planning review process in place, care plans were seen to be updated as and when the need

arose.

Residents who required additional support to maintain their safety were provided with care interventions that promoted their privacy and dignity. Restrictive practice measures such as the use of sensor alarms to monitor residents' movements were only introduced after other less intrusive measures had been trialled and were underpinned by an appropriate risk assessment and consent.

Residents were provided with opportunities to engage in group activities or to engage in activities in private. A programme of activities was available and was adaptable according to residents' preferences. Residents' views on activities provided were accessed either in one-to-one sessions with the activity workers or in resident meetings.

The premises were well maintained, and suitable to the needs of the residents. Residents had unrestricted access to all areas of the home apart from the dementia unit which had a key pad in place to allow entry and exit. There was a range of communal rooms available for residents to use and rooms for residents to meet visitors in private.

Residents were offered choice at every meal and the inspector observed a meal service to be a well managed and unhurried. There were sufficient numbers of staff available to support residents with their meals in a pleasantly decorated environment.

Significant improvements had been made to fire safety arrangements in the centre which included additional staff training on evacuation procedures, physical structural improvements to the building including fire doors and regular fire drill training.

## Regulation 17: Premises

The premises was of suitable size and layout to support the numbers and needs of residents living in the designated centre. Residents had the opportunity to personalise their bedrooms. Bedrooms seen during the inspection provided sufficient space for residents to store and retrieve their personal items and were pleasantly decorated. There were numerous communal facilities available for residents to use. Residents had access to an enclosed garden area which was seen to be used by residents during the inspection. The designated centre was tastefully decorated throughout with fixtures and fittings well maintained. The registered provider was currently upgrading bathing facilities on both the second and third floors. Inspectors saw an improvement in the storage of mobility equipment with walkways found to be clear during the inspection.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy in place to guide staff in identifying and managing risks in the centre. A risk assessment process was in place to mitigate and control both clinical and operational risks known to the registered provider. An emergency plan laid out the arrangements for the safe care of residents in the event of a major incident. There were arrangements in place for the investigation of incidents and it was clear that the registered provider was keen to learn from incidents and ensure that residents were presented with a safe environment to live in. There were robust risk assessments in place regarding the risk of fire and risks associated with COVID-19 including visiting. There were however improvements needed to ensure that the risk register was kept up to date which is discussed under regulation 23.

Judgment: Compliant

## Regulation 27: Infection control

There was a comprehensive COVID -19 preparedness plan in place. Arrangements were in place for symptom monitoring and for the cohorting of residents if required. Although a number of staff required updated training on Infection prevention and control, staff were able to give a clear account of their roles in maintaining an infection free environment. Robust hygiene practices including effective cleaning and adherence to effective infection, prevention and control measures were seen to be carried out by staff during the inspection.

Judgment: Compliant

## Regulation 28: Fire precautions

There was a fire safety policy in place which included actions to take in the event of a fire. Improvements to fire safety arrangements in the designated centre identified in a previous risk inspection had been addressed by the registered provider.

Records indicated that fire systems including fire equipment and emergency lighting was monitored by contractors on a regular basis. There was fire signage available which directed residents to the nearest fire exit and all were observed to be clear of obstruction.

Annual fire training had been completed by the staff team. All staff spoken with were familiar with the fire procedures and were able to demonstrate how they would evacuate residents in the event of a fire. Inspectors saw records of fire drills

been carried out on a regular basis including the evacuation of a compartment.

A review of resident records confirmed that there were personal emergency evacuation plans (PEEPS) in place which identified the most effective method to evacuate an individual resident.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning was good, care records clearly described the identified need, the interventions required to meet those needs with a process for review and evaluation. All residents admitted to the centre had a pre admission assessment in place which assisted the provider in determining if they could meet the residents care and welfare needs. All care plans seen described how residents wanted their care needs to be met and where this was not possible consultation with families was seen to occur

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. Residents had regular access to GP's, allied health care professionals and other specialist services such as psychiatry of old age. Residents were supported where appropriate to access national screening services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a restraint register in place which recorded restrictive practices in the centre and was well maintained. Care records indicated that where a restrictive practice was in use that alternatives had been tried before hand. Documentation to support the use of a restrictive practice was in place such as consent forms, risk assessment including a clear rationale for its introduction and use. There was a good knowledge base among the staff team in relation to resident's who may have responsive behaviours and on how they could support them in a positive, holistic manner

Judgment: Compliant

## Regulation 9: Residents' rights

There was an active programme of activities in place to support residents social care needs. Residents had access to a range of media which included newspapers and TV. Residents were supported to use other social media platforms to keep in contact with their families when restrictions on visiting was in place. There was access to advocacy with contact details displayed in the centre. There was regular resident meetings to discuss key issues relating to the service provided. All residents spoken with mentioned that they felt safe in the centre and would feel comfortable expressing a concern should they wish to do so.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Leeson Park House Nursing Home OSV-0000058

Inspection ID: MON-0033106

Date of inspection: 27/05/2021

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have completed their training on infection control. New staff will complete this training during their induction period.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The homes risk register has been fully reviewed and updated as required. The risk register will be audited on a 3 monthly basis by the RPR team.	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/07/2021
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	01/07/2021