



# 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:	28 April 2023
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0039914

## About the designated centre

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

Leeson Park House Nursing Home is home to 47 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 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:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Friday 28 April 2023	09:00hrs to 15:30hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

The inspector spoke with two visitors and six residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident described staff as "charming and respectful".

There were no visiting restrictions in place on the day of the inspection. Visits and outings were encouraged and practical precautions were in place to manage any associated risks. Visitors were seen coming and going over the course of the inspection.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Residents had a choice to socialise and participate in activities. The inspector observed a large group of residents enjoying a coffee morning in the dining room.

Staff were responsive and attentive without any delays with attending to residents' requests and needs. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences.

The universal requirement for staff and visitors to wear surgical masks in designated centres had been removed on the 19 April. Residents expressed their delight at improved communication with staff since the masks had been removed. Staff felt the removal of the mask mandate signaled a return to normalcy which would in turn lead to improved socialisation for residents. A small number of staff said that they preferred to continue wearing surgical masks to protect themselves and residents.

The centre was a four storey Victorian house, which was originally a private house that was renovated and extended to reach its current capacity of 45 residents. Communal space included a large dining room and a number of comfortable lounges, reading and recreational areas including The Kenny Room, The Library and Parnell Corner.

Overall the entrance and communal areas were inviting and comfortable with a large ornate front door, antique artwork, decorative cornicings, plush carpets, traditional armchairs and other architectural details. The original features of the main house had been maintained with high ceilings and large windows that created a sense of space and grandeur. One resident told the inspector that they were instantly drawn to the historic features of the home.

Residents were accommodated on the ground floor, first floor, second floor and in the Penthouse suite in a mixture of single and double bedrooms. Two twin rooms had recently been converted into single occupancy rooms. However privacy curtains in one twin bedroom required reconfiguration to contain a bed, table, chair, locker and storage space in both bed spaces. The provider was aware of this and described

plans to reconfigure this room in the near future.

To enhance the feeling of homeliness and assist residents with settling into the centre the provider encouraged and supported residents to bring with them items that are meaningful to them. Through walking around the centre, the inspector observed that the majority of residents had personalised their bedrooms and had their photographs and personal items displayed. Several residents had brought in items of antique furniture and personal belongings.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared clean. Fabric upholstered furniture was observed in communal areas. All furniture appeared visibly clean on the day of the inspection. The inspector was informed that this furniture was on a regular steam cleaning schedule in the interim of upgrading to more cleanable and durable finishes.

The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. However dust was noted on several surfaces within the main laundry.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example some of the surfaces and finishes including wall paintwork and flooring were worn and as such did not facilitate effective cleaning. Storage space was limited and there was inappropriate storage of equipment, documentation and clean supplies in some areas of the centre.

Ancillary rooms such as the housekeeping room and sluice room did not facilitate effective infection prevention and control measures. For example the location of the sluice room on the ground floor was a long distance from resident rooms on the first and second floors. This increased the risk of spillages and cross contamination.

The sluice room was small and did not have sufficient racking for bedpans, urinals and commodes. The inspector also observed the sluice room being used as a thoroughfare for staff entering and exiting the building. This was immediately addressed when highlighted to management. However these issues collectively presented a risk particularly in the context of multi-drug resistant organism (MDRO) management and potential gastroenteritis outbreaks.

There was no janitorial unit within the external housekeeping store. As a result buckets were prepared within the sluice. This posed a risk of cross contamination.

There was no clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Clean and sterile supplies were stored in the nursing office areas, in presses on corridors and in various other areas of the centre.

Additional alcohol-based hand-rub wall mounted dispensers had been installed in resident rooms and along corridors. However barriers to effective hand hygiene practice were observed during the course of this inspection. For example there were

only three dedicated hand wash sinks (in the sluice room on the ground floor, on the ground floor corridor and at the second floor nurses station) for clinical staff use. These sinks did not comply with the recommended specifications for clinical hand wash basins.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. There was sufficient closet space, display space, and storage for personal items. Residents spoken with were happy with the standard of environmental hygiene.

The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting, maintenance and planned renovations of all bedrooms. Eleven bedrooms had recently been redecorated with new furniture, curtains and fresh paint. A ground floor bathroom and a communal space on the second floor had also been refurbished.

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

## Capacity and capability

This was an unannounced risk inspection to monitor the designated centre's compliance with regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Overall the inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance, environment and environment management. Details of issues identified are set out under Regulation 27.

The registered provider for Leeson Park House is Shanid Limited. The nursing home is part of a larger nursing home group, Silver Stream Health Care Group. The directors were involved in the running of a number of other nursing homes throughout the country. The provider had an overarching management team and resources within the group that included clinical governance, human resources, finance, and estates managers. The person in charge, who had taken up their role in 2019, was responsible for the daily operation of the centre. An assistant director of nursing, worked Monday to Friday, to support the person in charge in their role.

The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated a clinical nurse manager to the role of infection prevention and control champion in the

centre. The inspector was informed that dedicated hours were to be allocated to this role and that the staff member was being facilitated in undertaking postgraduate training for their role.

During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. Two housekeeping staff were rostered on duty on the day of the inspection and all areas were cleaned each day.

Infection prevention and control audits covered a range of topics including waste management, hand hygiene and environmental and equipment hygiene. Audits were scored, tracked and trended to monitor progress. The inspector found that findings of recent audits generally aligned with the findings on this inspection.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded on the weekly care indicator report. However a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify two residents colonised with MDROs. Findings in this regard are presented under regulation 27.

The volume of antibiotic use was also monitored each month. However the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Details of issues identified are set out under Regulation 27.

Housekeeping was outsourced to an external cleaning company. The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included both internal and external oversight audits, cleaning specifications and checklists. Flat mops and colour-coded cloths were used to reduce the chance of cross infection. A deep cleaning schedule was also in place and each bedroom was deep cleaned each month. Separate external contractors were engaged to clean the ornate chandeliers throughout the building in addition to the soft furnishings and carpets in communal areas.

The centre had a suite of infection prevention and control policies which covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good



quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There was a varied programme of activities that was facilitated by activity co-ordinators, nursing and care staff and was tailored on a daily basis to suit the expressed preferences of residents. There were good positive interactions between staff and residents observed during the inspection.

The centre had effectively managed several small outbreaks and isolated cases of COVID-19 since the onset of the pandemic. Two significant outbreaks of COVID-19 to date had occurred to date, in January 2021 and January 2022. A review of notifications submitted to HIQA found outbreaks were generally well managed and contained to limit to spread of infection within the designated centre.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

The recent removal of mandatory mask wearing gave the provider flexibility to ensure ongoing COVID-19 measures in the centre were proportionate to the risks of infection. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection.

The inspector identified some examples of good practice in the prevention and control of infection. For example staff applied standard precautions to protect against exposure to blood and body substances during handling of sharps and waste. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needle-stick injury. However improvements were required in the management of used laundry to reduce the risk of cross contamination. Findings in this regard are presented under regulation 27.

A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge was available for the storage of samples awaiting collection.

Resident care plans were accessible on a computer based system. Care plans viewed by the inspector were generally personalised, and sufficiently detailed to direct care with some exceptions. For example a care plan for resident with a past history of *Clostridioides difficile* infection advised that the resident should be cared for with contact precautions. This was not necessary. Furthermore this care plan did not advise on the importance of antimicrobial use.

## Regulation 27: Infection control

The registered provider had not ensured effective governance and oversight arrangements were in place to ensure the sustainable delivery of safe and effective

infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Surveillance of MDRO colonisation was not comprehensive. There was some ambiguity among staff and management regarding a small number of residents that were colonised with MDROs. As a result appropriate infection prevention and control precautions were not in place when caring for these residents.
- Antibiotic consumption data was not analysed and used to inform or target antimicrobial stewardship quality improvement initiatives. Antimicrobial stewardship measures were not included in MDRO and *Clostridioides difficile* care plans.

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

- The location and layout of the only sluice room in the centre did not support effective infection prevention and control practices. For example this room was very small and there was insufficient racking for storage of the large number of bedpans, urinals and basins in this room. The sluice was located on the ground floor. The distance of this room from the upper floors increased the risk of cross contamination.
- Resident's washbasins (used for personal hygiene) were observed to be washed in the bedpan washer. This practice is not appropriate as bedpan washers are only validated for the decontamination of human waste receptacles such as urine bottles, bedpans and commode basins.
- The dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment was located outside. This room did not have access to running water. The inspector was informed that mop buckets were prepared within the sluice room. This practice increased the risk of cross contamination.
- As there were no facilities in the housekeeping room to clean the cleaning trolleys. Both cleaning trolleys were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and supplies. For example used linen trolleys, stocks of personal hygiene products and documentation were observed in communal bathrooms.
- Clean and dirty linen were transported in the same laundry baskets. This posed a risk of cross-contamination.

Judgment: Not 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>	
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant

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

Inspection ID: MON-0039914

Date of inspection: 28/04/2023

## 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:

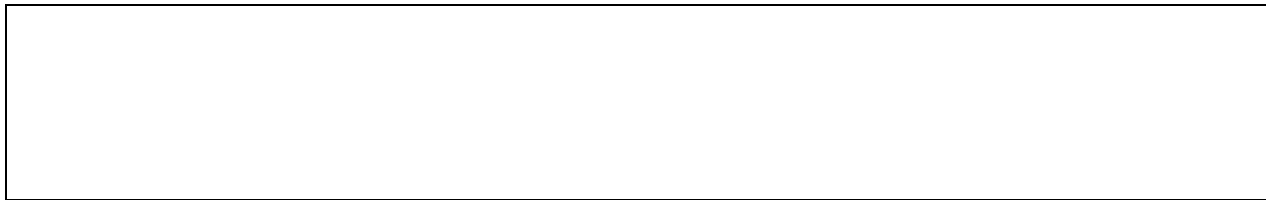
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>To ensure compliance the RPR will have the following in place and implemented and actioned as required.</p> <ul style="list-style-type: none"> <li>• To ensure the surveillance of MDRO colonisation is comprehensive, there is now a antimicrobial review completed by the PIC and submitted to DCGQR to verify with audit.</li> <li>• Antibiotic consumption data is reviewed on a montly basis by the clinical team and reviewed with residents GP on a three monthly basis to inform or target antimicrobial stewardship quality improvement initiatives.</li> <li>• Antimicrobial stewardship measures are now included in MDRO and Clostridioides difficile care plans.</li> <li>• Residents washbasins are now washed separetly to all other items.</li> <li>• The cleaning staff wash down their trolleys at the end of their shifts and a deep clean weekly until the dediciated housekeeping room is completed.</li> <li>• Linen is separated into two baskets for clean and dirty linen transfer.</li> <li>• The distance of sluice room from the upper floors increased the risk of cross contamination to mitigate this we now reflect with control measures in place, in the homes risk register.</li> <li>• It was agreed with the inspector on the day of inspection that the existing sluice room would be fully refurbished and brought up to a good standard by means of replacing all sanitary items, replacing flooring with new R10 marmoleum (capped &amp; coved to make for good cleaning practice.) PVC cladding applied to walls (again to make for clean wipeable surfaces) and this work has since been fully approved with works commencing June 2023.</li> <li>• A scope of works has been prepared and tendered for, the resulting works will see the introduction of a new cleaners sink arrangement being fitted in the dedicated store room. We plan to commence these works in June 2023.</li> <li>• Works now scheduled to have new cleaner sink fitted in store room.</li> <li>• We are currently carrying out on going reviews as to how best to create new storage sololutions as well as making more efficient use of existing.</li> </ul>	



**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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	13/12/2023