



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Leopardstown Park Hospital
Name of provider:	Leopardstown Park Hospital
Address of centre:	Foxrock, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	14 December 2022
Centre ID:	OSV-0000667
Fieldwork ID:	MON-0038645

## About the designated centre

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

Leopardstown Park Hospital provides care for adults who have long term needs for residential care. The centre provides services for residents with low dependency through to those residents who are maximum dependency and require full time nursing care, including care for residents who have dementia and for residents who need end of life care. Accommodation is provided across eight units for 134 male and female residents. Clevis unit has 29 beds and provides accommodation and services for residents who have low dependencies. The other seven units provide accommodation and services for residents with higher levels of need and are located within the main hospital building. Enniskerry has 10 beds, Kiltiernan 11 beds, Kilgobbin 10 beds and Tibbradden 10 beds. Three of these units have two single rooms and the fourth unit, Kiltiernan has three single rooms. The remaining accommodation is provided in a nightingale type open ward with five bay areas accommodating two or three residents in each bay. Glencullen and Glencree commonly known as the Glens units are more recently built and provide accommodation for 27 residents on each, in a mix of single and multi-occupancy rooms. Djouce unit provides accommodation and services for eight respite residents in a mixture of single, twin and multi-occupancy rooms. Each unit has its own shower rooms and toilet facilities, most of which are wheelchair accessible. Communal dining rooms are available on all units, and in addition Djouce unit and the Glens have separate communal lounges. There are garden areas to the front and rear of the property with seating available for residents. There is a large car park to the front of the building with some disabled parking spaces available.

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

Number of residents on the date of inspection:	84
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 14 December 2022	09:30hrs to 17:00hrs	Helen Lindsey	Lead
Wednesday 14 December 2022	08:00hrs to 16:00hrs	Susan Cliffe	Support
Wednesday 14 December 2022	08:00hrs to 17:00hrs	Geraldine Flannery	Support
Wednesday 14 December 2022	08:00hrs to 16:50hrs	Deirdre O'Hara	Support

## What residents told us and what inspectors observed

Overall, residents who spoke with inspectors felt their care needs were being met, and the staff were kind and attentive. A number of activities were taking place during the inspection, and residents taking part were engaged in seasonal activities of interest to them. Residents were generally seen to be following their preferred routines, however, it was noted some residents did spend significant time in bed with little stimulation other than a television or radio being on in the room.

The centre was noted to be decorated with Christmas trees and other seasonal decorations, and residents commented they thought the decorations were really nice to see.

Staff were seen to be engaging in a positive manner with residents and their families. Staff were observed to know residents well and were engaging them in conversations about their families, and other topics of interest. From a review of rosters and observations throughout the day, inspectors were assured that there were sufficient nursing and care staff to meet the assessed needs of residents. It was also noted that they were quick to respond to call bells, or requests from the residents, for example to respond to drinks and meal requests.

Inspectors spoke directly with some of the staff working on the day of inspection. Some had been working in the centre for a long time and took pride in knowing the residents exceptionally well as a result. Newer and established staff confirmed they had completed a range of training relevant to their role.

At the time of the inspection there were 84 residents living in the centre. This was a reduction of 25 residents since the previous inspection carried out in November 2021. The registered provider was in the process of a renovation project, to ensure the premises meet the requirements of the regulations. As a result of this, two of the nightingale units were closed at the time of the inspection. Renovation work was at an advanced stage, with a planned completion date of January 2023.

There was a range of options for residents to choose from at lunch time. The menus on tables, and also displayed on the wall, set out the main options, but residents were able to request other meals if they preferred. On the day of the inspection there was a chicken pie and fish option, but residents were noted to be choosing salads and sausages, with a selection of croquettes, boiled or mashed potatoes and seasonal vegetables. There were also choices for desert with some choosing a hot option and others requesting ice-cream. Resident's requests for small or large portions were responded to, and staff were aware of residents who had specific dietary requirements such as a modified diet. The breakfast experience was noted not to be of the same standard as lunch, with limited options and examples seen where the range of choices was limited to what remained on a trolley when it arrived

at a residents bed space. For example toast was not offered as the breakfast session progressed in one unit.

Inspectors observed some improvements in the service being provided to residents, which in part was due to the reduction in the numbers of residents living in the centre. However, a range of issues remained outstanding for the provider to address in relation to the premises (excluding the unit under renovation), residents rights and infection prevention and control arrangements.

At the time of the inspection the centre was experiencing an outbreak of COVID-19. Nine residents had been moved to the Djouce unit which was designated as an isolation area for those who had tested positive with the virus. Residents who were being cared for in this unit had dedicated staff to care for them and clean the unit. Four of the residents, in that unit, got up for their lunch and the remaining residents chose to stay in bed for their meals as they were tired due to their infection.

Throughout the day of the inspection, inspectors observed that the majority of staff were compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). The receptionist was responsible for visitor sign in book and implementing COVID-19 precautions including temperature checks, mask wearing, etc.

Residents who spoke with inspectors said that they were satisfied with the cleanliness of their room and the communal areas. The centre was seen to be generally clean with a few exceptions where there was damage to the surfaces of some furniture and hand rails, and personal protective equipment dispensers (PPE) and missing flooring in the laundry and coffee dock area. The door handles in a kitchenette were unclean with ingrained dirt. This meant that they could not or had not been cleaned adequately between uses.

Inspectors observed that alcohol hand gel was available at the point of care and at strategic points throughout the centre. There were posters illustrating the correct procedure to perform hand rubbing, above all alcohol based hand rub dispensers. Hand hygiene practice was generally seen to be good, however a small number of staff did not perform hand hygiene between episodes of care or wore wrist jewellery which impacted on effective hand hygiene. Infrastructural barriers to hand hygiene was also noted. This is discussed in detail under Regulation 27: Infection control.

Inspectors observed multiple examples of inappropriate storage in areas around the centre. For example; Personal hygiene products in communal bathrooms were not labelled for individual use, moving and handling equipment and used linen hampers were stored in clean linen rooms and/or communal bathrooms, and cleaning equipment was stored in a sluice room. These practices impacted on good infection control in the centre and may lead to cross infection. Inappropriate storage also impacted resident's access to and use of available communal bathrooms.

### **The nightingale units:**

During the inspection, two of the nightingale units were closed. There were two residents residing in Kilgobbin and five residents in Tibradden as the other residents

had been moved to the designated isolation area. There were two beds in each of the four bays, with a communal walkway running the length of the room. The layout of these units resulted in a lack of personalisation of the residents living space and limited personal storage. As a consequence of the physical premises residents did not have privacy to carry out tasks in private. Inspectors observed that when residents were in receipt of personal care, the curtains were closed but all present in the unit could hear the direction and instructions of staff.

Overall, the unit appeared clean and bright and decorated for the upcoming Christmas festivities. However, a number of areas under infection control required action. Inspectors noted a sharps bin was stored on a sink in a toilet and did not have the safety mechanism engaged. Another toilet was used for storing privacy screens and hoists and two empty boxes were stored on the floor which prevented effective cleaning of these areas. Using these areas for a different purpose was not in line with their statement of purpose.

A dining area joined the two units. This room appeared to be a multifunctional use area with arts and craft material scattered randomly on surfaces and seven wheelchairs stored in the area. An activities schedule was on display on the table, and inspectors observed that residents could choose to partake in bingo, movie evenings, singing and dancing. Papers are delivered daily to the centre for residents. Activity co-ordinators along with other staff organised and encouraged resident participation in events. Inspectors noted great efforts to provide person centred activities for all residents considering their social and emotional needs, including doll therapy and sensory events. Staff told inspectors that a specific activity is planned every month/season including the current winter wonderland theme for the Christmas.

An enclosed garden was situated to the front of this area which resident's had easy access to from the dining room. There were safe wide paths for residents to safely mobilise along and view the planting. The garden was decorated with outdoor lighting and Christmas ornaments for the holidays.

### **Glencullen and Glencree**

The provider had a plan in place to improve the premises in these two units, however little work had been completed since the last inspection. In some of the bedrooms for four residents there had been a reduction to an occupancy of three. However the additional space was not available to the residents as the curtains around the beds had not been reconfigured. Examples were seen where flooring was badly damaged, and there were scuffs and damage to doors and walls which would impact on effective cleaning practices.

Single rooms were seen to be personalised with residents possessions including some small items of furniture. Multioccupancy rooms offered less space and generally were not personalised in line with residents preferences. New wardrobes were being introduced, and residents who had the new furniture found it to be an improvement. The wardrobes consisted of drawers, hanging areas and shelves.

Some residents chose to sit in their rooms, and had tables near to them with items such as mobile phones, reading materials, drinks and snacks. Others were spending time in the communal rooms where there were different activities going on at different times of the day. In the morning there was an activity taking place in one unit reading a seasonal story. The activities coordinator read the story, asked questions, asked residents to smell the Christmas candles, and hold the ornaments. Residents with a range of cognitive skills were joining in, talking about their memories of family Christmas'es and commenting on how the 'scent of the candles' took them back. A small number of residents were seen to spend significant time in bed, and did not have any social stimulation. The activities program covered a wide range of activities however it was limited in what was available for those who would benefit from one to one support.

Relatives were seen to be visiting the centre, some spending time chatting with residents, others taking their relative out for a visit. Relatives were well known by staff, and those spoken with reported their family member was receiving good care and support in the centre.

## Capacity and capability

While a number of improvements had been made to governance and management arrangements in the centre, further improvements were required to ensure the rights of residents living in the centre were upheld. For example, while renovations were in progress in two of the nightingale units, four of the five other units continued to require significant improvements to ensure resident's had privacy and access to their own belongings.

This was an unannounced inspection to monitor ongoing compliance with the regulations and standards.

The registered provider is Leopardstown Park Hospital Board, who are a statutory body. The day to day management is overseen by the Chief Executive Office (CEO) who reports directly to the Board, and the person in charge who reports directly to the CEO. Additional clinical support is provided by an assistant director of nursing and a team of clinical nurse managers. In addition there is a medical office, human resources team, catering team and maintenance team.

There were committees in place to provide oversight for all areas of practice in the centre, this included a health and safety committee, and integrated quality, safety and risk committee. Through these forums the provider had oversight of recruitment, infection prevention and control arrangements, audits, the premises including renovation works and delivery of resident care and support.

There was an audit schedule in place and progress against the schedule was monitored by the management team. This included audits on key indicators for residents (weight management, risk of falls for example) restrictive practices, and



infection and prevention and control. There was also a clear process set out in guidance for assessing and managing risk.

While the oversight arrangements were comprehensive, some further action was required to ensure all issues were being addressed, in line with inspector's findings. For example infection prevention and control practices were not fully aligned with the national standards though audits and training were being carried out. Also, a number of issues relating to the premises remained, and the rights of residents in multi-occupancy rooms continued not to be upheld.

A management plan had been in place through 2022 to improve person centred approaches in the centre, and also to manage staff retention. Minutes from the range of management meetings showed a variety of actions had been completed including training, an improved induction process, the review of policies and procedures, recruitment drives, and also seeking feedback from staff about their roles. Inspectors noted that overall a more person centred approach to care was in place in the centre, and also there was a more consistent staff team with a reduction in the use of agency staff to cover staff vacancies.

Inspectors observed there were sufficient staff available in each of the units, and staff spoken with were clear on their roles and responsibilities. A review of the records relating to agency used showed that while agency staff continued to be used on a regular basis, the numbers of agency staff per shift had reduced. The impact on this was that residents were supported by a staff team who knew them well.

The provider had commenced a renovation project to reconfigure the nightingale units in to a selection of bedrooms and communal rooms. Overall the provider had arrangements in place to separate the building area from the main centre, and there were project plans and documents giving direction on how the work was being completed. While the provider had an aspergillus risk assessment for the management of aspergillosis, this risk assessment did not reflect practice seen during the inspection for the appropriate management of dust in the centre. There was no impermeable dust barrier from the floor to ceiling and the doors from the building site to the corridor opposite Kilgobin unit were not sealed. The provider gave assurances that this was corrected the day after this inspection. For people who have weakened immune systems, breathing in Aspergillus spores can cause an infection in the lungs or sinuses which can spread to other parts of the body, and managing this during construction is important for the health of residents and staff on site.

While there was a clear work plan in place in relation to the renovation of all four nightingale units, the ongoing issues in relation to the premises of Glencullen and Glenree had not been addressed.

## Regulation 15: Staffing

There were sufficient staff available to support residents in each of the units. The staff teams were made up of clinical nurse managers, nurses, health care assistants, and kitchen assistants. There were also activities coordinators supporting the units. On the day of the inspection there were student nurses and also volunteers available to support residents on the units.

Judgment: Compliant

### Regulation 23: Governance and management

While the provider had commenced a renovation project to ensure the premises will be in line with the requirements of the regulations, issues remained outstanding in the four other units in the main building. While the renovation plan was progressing, the outcome for many residents living in the centres was that there had been no improvement in their accommodation or the facilities available to them.

While there was a comprehensive oversight system in place, some areas of practice had not been improved. For example, inspectors continued to observe times when residents privacy was not upheld in communal areas including the multi-occupancy bedrooms. Residents continued to have a lack of space for personal items in multi-occupancy rooms.

Inspectors identified that the monitoring arrangements for infection prevention and control were not fully effective, as set out under regulation 27. This was a repeat finding from the previous inspection.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

While there were contracts of care for residents that set out the fee to be paid, and also were signed on admission. A sample of nine contracts were reviewed, and none were identified to have both the number of the room to be occupied and also the occupancy level of that bedroom.

Judgment: Substantially compliant

### Quality and safety

While some improvements were seen in the person centred approach to care, many residents continued to be accommodated in shared rooms where basic privacy could not be maintained. Single bedrooms afforded the residents the opportunity to spend time in private, with their own belongings around them, following their own preferred routines. However all the residents living in multi-occupancy rooms were not afforded the same experience. Their rights to privacy were not upheld, and the personal space available to them was limited.

Inspectors reviewed a sample of resident care plans and spoke to staff regarding residents care preferences. Care plans reviewed included those pertaining to pressure ulcers and mobility and falls prevention care planning. Overall, individual assessments and care plans were person centred, reflected the assessed needs of residents and allowed staff to provide appropriate care for residents. On the sample of care plans reviewed, there was evidence that that they were completed within 48 hours of admission and reviewed at 4 month intervals. Care plans pertaining to mobility were comprehensive with falls discussed at inter-disciplinary meetings.

Inspectors did note, however, that two care plans reviewed, for wounds management, did not give direction for staff with regard to measures to be taken to prevent infection. Staff who spoke to inspectors were knowledgeable regarding appropriate infection, prevention and control measures required when attending to a wound and managing support equipment. However the absence of appropriate care plans could lead to inconsistent or inadequate care.

It was observed by inspectors that through ongoing comprehensive assessment resident's health needs were being met in the centre. Residents had access to a range of professionals where necessary, including dietician, speech and language therapist, palliative care team, physiotherapy and occupational therapy. The medical officer visits on week days and the out of hour's medical service D-Doc may be used if required. The Frailty team is available via a referral system seven days a week. Residents have access to geriatrics, ophthalmology and psychiatric services when required. Records showed that the chiropodist visited regularly. A mobile x-ray service was available daily if required. Residents had access to the National Screening Programme. On the day of inspection all residents who had COVID 19 infection were noted to have been reviewed by the GP and were being supported by the nursing team to monitor any changes in their presentation.

The provider had a program of work focusing on person centred care in the centre in 2022. It was evident in residents care plans, and in the practice of staff delivering care to residents that this training had lead to an improved quality of care for residents. Records detailed the importance of seeking resident permission ahead of carrying out personal care, and when offering support with meals. Examples were seen throughout this inspection where staff interactions followed the written guidance.

The provider had ensured all staff had received training in safeguarding adults at risk, and staff spoken with were clear on the action they would take if they witnessed an incident or had one reported to them. The policy was clear about the

process to follow, and examples seen during the inspection showed it had been followed in practice.

While there was evidence of good infection control practice, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

The environment was clean with a few exceptions. For example: there were worn surfaces or damaged surfaces on furniture, such as, lockers and wardrobes and a small amount of resident's pillows examined had damaged washable covers. A small number of wheels of catering trollies, metal PPE dispensers and some grab rails had chipped surfaces or were rusty . This impacted on effective cleaning. There were areas within the laundry and coffee dock where flooring was missing.

In Glencullen the urinary catheter stands were seen to have damaged surfaces and cobwebs on them. There was ambiguity among staff with regard to who was responsible for cleaning this equipment and this equipment was not included on the equipment cleaning schedule. The person in charge assured inspectors that these were for disposal as no resident in this unit had a urinary catheter and that catheter stands would be added to cleaning schedules. Nebuliser machines and kits were poorly managed and several that were in use or located in stores were very dirty.

There was a range of safety engineered needles seen, however, all sharps boxes examined did not have the temporary closure mechanism engaged while they were not in use. There was an improvement seen in the appropriate wearing of PPE. However, there was some confusion with regard to guidance for people entering Kilgobbin Unit. Information posters gave direction to wear full PPE before entering the unit and this was not observed by staff in the close contact 'Amber zone' where residents who were considered close contacts of residents with a COVID-19 infection were residing.

There was sufficient designated staff to care for and provide hygiene services on the Djouce unit where residents with COVID-19 infection were residing. The appropriate infection prevention and control measures were in place to care for these residents safely.

There was examples of good infection prevention and control seen in the centre. Such as, a successful on-going vaccination programme, that was available to residents and staff. All visitors and staff entering the centre were monitored for signs of respiratory illness and staff were monitoring residents closely for signs of infection and knew the steps to be taken should they or a resident become unwell. Staff were knowledgeable with regard to the management of spills and needle stick injuries.

## Regulation 12: Personal possessions

Resident's experience in relation to accessing their personal possessions depended on the type of bedroom they were living in.

While the provider was introducing a new wardrobe unit to resident's bedrooms, and bed space, not all residents had access to this piece of furniture at the time of the inspection. Residents sharing the multi-occupancy rooms continued to have limited personal space, and inspectors observed that there were very few personal items present in these areas. Some residents continued to store their personal items in bags around their bed space and wardrobe. While some residents in the four bedded rooms had new separate wardrobes, two residents wardrobes were still only accessible via one residents bed space.

Examples were seen in single bedrooms where residents had brought in their own furniture, such as display cabinets and bookshelves. There were pictures on walls, and residents personal items around them, such as ornaments. Resident's spoken with in these rooms were pleased with their accommodation.

Judgment: Not compliant

### Regulation 17: Premises

While renovation of two of the nightingale units was now progressing, there had been no improvement in the rest of the centre. There had been a reduction of resident accommodated in the centre, that had alleviated some of the impact of available space in areas such as the communal sitting and dining rooms.

Inspectors observed the following issues, which were repeat issues identified on the previous inspections:

- A number of multi-occupancy rooms were not of a suitable size and layout to meet residents' needs
- Where occupancy had reduced in some bedrooms, the rooms had not been reconfigured to make the additional space available to the residents
- There was insufficient storage space for clinical equipment which resulted in such items being stored in bathrooms and communal spaces
- Poor storage practice, for example, privacy screens, moving and handling equipment and used linen hampers were seen to be stored in a linen rooms and/or communal bathrooms. Cleaning equipment was observed to be stored in one sluice room.

Judgment: Not compliant

### 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;

- The provider had undertaken an aspergillosis risk assessment, however, the implementation of infection prevention and control measures to protect residents during the ongoing renovation activities was not seen to be in place. For example: effective dust control measures were not in place at the door leading from the building area to the corridor, opposite Kilgobnin unit. It was not sealed which put the residents at risk of aspergillosis
- Infectious agents and colonisation information was not tracked or trended to allow for early identification of healthcare-associated infections to ensure appropriate measures were in place if needed
- Infection prevention and control policies did not give guidance on the safe management of nebulizers or for the care of residents with VRE and CRE to ensure that staff had evidence based best practice information available to them, if required.
- Many clinical hand hygiene sinks did not comply with recommended standards for clinical hand hygiene sinks. They contained either over flows, or the drain holes were damaged and could not be effectively cleaned. Taps were not hands free and staff were observed to turn taps off with their hands. These sinks and practice may result in contamination of staff hands and the environment.
- There were no hand hygiene sinks in cleaners' rooms, and one did not have a sluice sink as required by the *National Standards for Residential Care Setting for Older people in Ireland 2016*.

Staff did not consistently adhere to standard infection control precautions. This was evidenced by;

- In one unit, sterile dressings were not used in accordance with single use instructions. They were stored with un-opened dressings which could result in them being re-used
- Inspectors observed three instances where staff did not clean their hands between episodes of care. For example, during one drug round and while assisting residents with their breakfast. In addition four staff were seen to wear wrist and hand jewellery which impacted on effective hand hygiene practice
- Inspectors observed that personal hygiene products were stored unlabelled within shared bathrooms and continence wear was stored out of their packets in cabinets for communal use, outside bedrooms. This posed a risk of cross-contamination.

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

- The surfaces of some furniture and fixtures were damaged including, lockers, wardrobes, catering trolleys and grab rails and parts of flooring was missing in

the laundry and coffee dock. The surfaces of 10 pillows inspected had heavily worn coverings. This impacted on effective cleaning.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Overall, inspectors were assured that residents were assessed and appropriate interventions and treatment plans were implemented and reviewed accordingly, however there was no care plan in place to guide staff on infection prevention and control when caring for a resident with a pressure ulcer or enteral equipment.

Judgment: Substantially compliant

### Regulation 6: Health care

It was evident that the health and wellbeing of each resident was promoted and they were given appropriate support to meet individual healthcare needs. There was regard to care plans prepared under Regulation 5, providing appropriate medical and health care. There was regular access to both medical officer services and allied healthcare services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider had a clear policy in place, and staff had received training on effective support for resident's with responsive behaviours. Care plans were in place for residents' when appropriate, and they reflected residents likes, dislikes and preferred routines.

Engagement between staff and resident's was seen to promote a calm environment, with a focus on engaging in activities and pass times of interest to the residents.

The provider had a clear process in place to manage the use of restrictive practices in the centre. Where restrictions were in place, such as the use of bed rails, risk assessments had been completed, and alternatives trialled. There was close oversight from the interdisciplinary team, who also reported the information to the management team, through governance meetings. The number of restrictions in

place ws low, and focused predominantly on the environment, such as bed rails and locked doors for safety.

Judgment: Compliant

### Regulation 8: Protection

The provider had a clear safeguarding policy in place, and staff spoken with were clear of the procedure to follow if they observed, or had a safeguarding incident reported to them. Staff had completed training as part of induction, and then on a regular basis ongoing.

The provider had reported incidents to HIQA as required. An interdisciplinary team was involved in reviewing any incidents that occurred in the centre, and to ensure the policy was followed.

Judgment: Compliant

### Regulation 9: Residents' rights

While there had been some improvement in person centred approaches to the delivery of care and support in the centre, inspectors continued to observe situations where residents rights were compromised.

While arrangements for social interaction and engagement in activities had improved since the previous inspection, and examples of good practice were observed on the day, for some residents there continued to be limited meaningful occupation. for example residents who were spending prolonged periods of time in their beds or in their bed spaces.

Only a limited number of residents meetings had been held in the centre during 2022. Inspectors saw copies of the notes of a meeting in January for each unit, however they were advised by staff that there had not been further meetings scheduled through the year for residents to receive information and provide feedback on the service.

In multi-occupancy bedrooms in each of the units, the following issues continued to impact on residents rights to live their day-to-day life in the way they chose:

- the layout of accommodation did not afford residents privacy and dignity
- residents did not have sufficient space to store their personal items



- residents had no control over their own environment in shared rooms, including who entered the room, noise and lighting levels, and the activities of other residents.

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>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Leopardstown Park Hospital OSV-0000667

Inspection ID: MON-0038645

Date of inspection: 14/12/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Management is actively progressing refurbishment and reconfiguration projects that will significantly improve outcomes for residents living in the centre in line with compliance plan as submitted to the Authority	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Review of all contracts to be completed to ensure all have room to be occupied and occupancy documented	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Increased wardrobe size is being rolled out across the centre in areas where wardrobes were considered smaller.	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  As part of the compliance plan, Enniskerry Kiltiernan Unit will be imminently submitted for registration following extensive refurbishment, reducing the multioccupancy nature of this unit and providing additional storage and additional areas for residents to use away from their bed room area. Once registered Tibbradden/Kilgobbin Unit will be refurbished with same benefits ensuing. Spaces in other units with identified reductions have reconfiguration in progress to ensure additional space is optimally available for residents. Incorrect storage of cleaning equipment was immediately corrected.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Dust control measures by contractors were corrected on the day after the inspection and have continued in place in line with submitted method statement. Point prevalence study on antimicrobial stewardship was carried out in 2022. Medication Safety &amp; Therapeutics Committee of the Integrated Quality, Safety &amp; Risk Committee of the Board have identified process to track and trend infectious agents and colonisation data and will take the lead in reviewing this on an ongoing basis. Infection control policies did identify CRE and VRE but the Provider acknowledges that improvements in formatting would aid easier location of information and same is completed. In addition further updates of the policy have taken place. A review of sinks is underway and programme of replacement will take place. Cleaners room sinks identified are included in this programme. Staff education has taken place in relation to disposable of unused but opened sterile dressings, reinforcement of hand hygiene including hand and wrist jewellery protocols, and compliance with use of labelled personal hygiene products. Areas of flooring for replacement have been identified and awaiting dates for contractor. The monthly audit of mattresses now includes pillows and those identified as being problematic have been replaced. Worn wardrobes and lockers are being replaced as part of the refurbishment projects.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Care plans relating to pressure ulcers and enteral equipment have been updated to guide staff by referring to the Infection Control policy and procedures in place.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  Residents Forum meetings will be scheduled. As part of the compliance plan, Enniskerry Kiltiernan Unit will be imminently submitted for registration following extensive refurbishment, reducing the multioccupancy nature of this unit, improving privacy and dignity, providing enhanced wardrobe space for personal items and providing additional storage and additional areas for residents to use away from their bed room area and dining sitting room area. Once registered Tibbradden/Kilgobbin Unit will be refurbished with same benefits ensuing. Reduction in occupancy in other units further enhances privacy and dignity and reconfiguring of the space is in progress to ensure optimal use of the area and privacy and dignity. A review of care plans is in progress as part of routine reviews. There are a number of residents whose choice it is to spend significant time in bed. The importance of documentation to reflect choices has been emphasised, along with ongoing options and encouragement to residents to avail of the comprehensive activities programmes. There are both group activities and individual activities and in addition all units have folder of activities of 1:1 activities available to engage with residents if the resident so wishes based on their will and preference.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	01/08/2023
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Not Compliant	Orange	01/08/2023

	and other personal possessions.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	01/08/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/08/2023
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.	Not Compliant	Orange	01/08/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	31/03/2023



	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	01/06/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	08/02/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	15/12/2022

	their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	01/08/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	01/08/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	01/06/2023