Health Information and Quality Authority

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:	17 November 2021
Centre ID:	OSV-0000667
Fieldwork ID:	MON-0034829

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 Tibradden 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:	109

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
Wednesday 17 November 2021	08:45hrs to 18:30hrs	Michael Dunne	Lead
Wednesday 17 November 2021	08:45hrs to 18:30hrs	Helen Lindsey	Support
Wednesday 17 November 2021	07:30hrs to 16:30hrs	Siobhan Nunn	Support
Wednesday 17 November 2021	07:30hrs to 16:30hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents during the inspection. Residents who were in receipt of person centred care expressed satisfaction with the quality of care provided and felt that they had a good quality of life. However, a number of residents who were supported in a task orientated manner expressed their dissatisfaction and felt that their rights and choices were not being respected

While many of the staff were seen to be kind and interacting and engaging with residents in a positive way, inspectors observed routinised task based care, rather than a personalised approach to care. Nevertheless, residents and family members who met with inspectors were complimentary of staff support and their efforts to provide a quality service.

Inspectors observed that staff were extremely busy with many high dependency residents who required more than one staff member to provide care at any given time and also required the use of assistive equipment such as hoists.

This inspection focused on the four nightingale units and the two units referred to as "the Glens", the findings of both areas are presented separately below. Residents privacy and dignity was severely compromised due to the current layout and the number of residents residing in both these units. Limited personal storage also meant that residents were unable to store or retrieve other personal items which impacted on their quality of life.

Glencullen and Glencree:

The accommodation in some areas in these units was poorly maintained, with holes in the ceiling, cables hanging from the ceiling and flooring which was worn and damaged.

Residents right to privacy was severely limited by the layout of the four bedded rooms in the Glencullen and Glencree units. Some residents could only access their wardrobe by entering another residents private space. Examples were seen of bedside tables being located outside privacy curtains in a number of rooms, meaning personal items were beyond the reach of that resident. Their was no room for residents to have chairs beside their beds in other rooms, which meant that had to sit in the communal areas.

Inspectors observed hoist slings hanging from the end of wardrobes which were not labelled or labelled with the names of residents in different rooms, and so would not support good infection control procedures, as slings were shared between residents.

Two residents in these units described inflexibility in relation to their choices of personal care. One resident told inspectors that staff do things for them even though the resident is capable of doing the tasks independently. The resident

wished to remain independent but described staff as "doing things by the book" and not allowing them to take risks. Another resident had limited access to bathing on one assigned day during the week. They described staff as being busy, and told inspectors how much they looked forward to their assigned shower day every week.

Inspectors observed breakfast being served. Two resident's expressed their dissatisfaction with their food. One resident had a number of items on their breakfast tray, none of which they had requested. Another resident was unhappy with the bread they received. Inspectors observed a resident being served food which was prepared by a staff member and the resident said that they did not want what was being offered. The staff member said that they had prepared the food for them and although the resident told the staff member that they could prepare their food independently, the staff member persisted in giving them the food.

Meaningful activities in the Glens was seen to be limited, with a small number of residents reading and identifying wild flowers around a table before lunch.

The Four Nightingale Units

In these units there were two beds in each of the four bays, with a communal walkway running the length of the room, which meant anyone passing the bay could see the resident in their personal bed space. As a consequence of the physical premises residents did not have privacy to carry out tasks in private, and were not able to make basic choices about how they lived their lives.

The layout of these units resulted in a lack of personalisation of the residents living space and limited personal storage. Although the occupancy of these units had reduced, the space created was not available to the remaining residents living in the units and what space was available was sometimes used to store communal items. TVs were sometimes fitted in positions that meant they could not be viewed by the resident from their bed.

The impact of the physical premises on residents lived experience was evident in inspectors observations of one resident. This resident spent most of the day of the inspection in bed. At times the resident was observed in bed sleeping, the curtains were not pulled around them which meant they were on full view to anyone walking past, including visitors to the unit. The only personal items in their living space were 4 pictures on a window sill behind them, which they were unable to see while lying in bed. Their bedside locker was over 1 meter from their bed, beyond their reach. When the resident was in receipt of personal care all present in the unit could hear the direction and instructions of staff.

Inspectors witnessed a range of interactions that showed a lack of person centred care being delivered to residents across these four units. Residents' sleeping pattern was dictated by the morning routine, staff came on duty and while many residents were still sleeping the blinds were opened. Residents who were still sleeping were disturbed when staff spoke to residents who were in proximity to them. Residents who did manage to stay sleeping did not have any privacy, as curtains were not pulled and they could be seen by anyone in the unit or passing through. The

majority of residents were served breakfast in bed by 9am.

In the day rooms there were large windows that looked over the gardens. In both areas there were multiple wheelchairs lined up along the windows blocking access to the view, and also using the space for storage rather than creating a pleasant seating area for residents to enjoy. Instead these rooms were mainly used for dining with residents returning to their bed space after the meal.

There were limited options for residents to receive visitors in private. One resident receiving a visitor by their bed had several other residents next to her bed space watching TV while the visit was underway. If the residents privacy during the visit was prioritised this would have removed the only activity that was ongoing at that time for the other residents.

Inspectors observed residents calling out for support and when they enquired of staff about what the resident needed the reply was "They always do that".

Only one organised activity was observed taking place on the nightingale units. It involved six residents doing art in the communal room between two of the nightingale units. While this activity was taking place, another resident was sitting in the middle of the group having their hair dried by the member of staff- an activity usually done with more privacy. At 11am six residents out of eight in the Enniskerry unit were in bed and appeared to be sleeping. At 3.30 inspectors noted six out of eight residents remained in bed. There was very little social stimulation being provided for residents.

Overall residents lived experiences and their quality of life was impacted by poor living conditions, combined with a task orientated approach which led to institutional practices being observed. Instead of supporting residents to maintain their independence, this paternalist approach promoted a culture of dependency.The next two sections of this report present the findings in relation to governance and management of the designated centre and on how this impacts on the quality and service being delivered.

Capacity and capability

The findings of this inspection are that the registered provider had not taken sufficient action to address areas of repeated non-compliance with the regulations and improve the quality of care and support for residents in six of the eight units in the centre.

Residents quality of life continued to be negatively impacted by their environment, which had not changed or improved since the previous inspection. These same issues had been raised over repeated inspections. In the interim of regulations which come into effect on 01 January 2022 the Registered Provider was required to reduce the occupancy of some areas of the centre in order to achieve compliance

with regulations which underpin the privacy and dignity of residents. The Chief Inspector also required the registered provider to cease admissions until this was done. The provider appealed the decision of the Chief Inspector in the District Court before withdrawing their appeal 10 months later and accepting the decision. The notice of decision also accepted a decision requiring the Registered Provider to comply with S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 from 01 January 2022 by renovating the centre or further reducing the number of residents living in the centre.

This was an unannounced inspection to monitor ongoing compliance with the regulations and to determine the progress the Registered Provider had made towards achieving compliance with the current regulations and their preparations for January 2022. The Registered Provider had submitted an application to vary and remove the additional conditions attached to the registration, prior to this inspection, however the documentation to support this application was not complete and the designated centre's floor plans and statement of purpose required amending to reflect the services provided.

This inspection found that while there had been some improvements made around arrangements for visiting, food and nutrition, and the recording of complaints, there remained a significant number of areas where the registered provider had not taken action to meet the regulations. These issues are all repeat findings and are discussed in more detail under:

- premises
- resident rights
- infection prevention and control
- personal possessions
- protection

The Leopardstown Park Hospital Board, a statutory body, is the registered provider of Leopardstown Park Hospital. Some members of the board, including the chairperson of the Board are newly appointed by the Minister of Health since the last inspection. The day to day management of the centre is effected by the Chief Executive Officer (CEO) who reports directly to the Board and the person in charge who reports to the CEO. Additional clinical support is provided by an assistant director of nursing and a team of clinical nurse managers.

Inspectors found that staffing levels were consistent with the statement of purpose and that there were sufficient numbers of staff with the required skill mix available to meet the needs of the residents. However, all staff were observed to be busy following breakfast as all those seen were occupied in the provision of personal care support to residents. One staff member told inspectors that "It is hard to be in two places at the same time" Overall staff were seen to be kind and caring when providing support to residents.

Despite having a range of systems in place to monitor the effectiveness and suitability of care and well being support, the management of the centre had not

identified measures that would drive and sustain improvements to enhance residents quality of life and well being. For example, audits and monitoring data regarding infection prevention and control and the identification of potential fire hazards did not highlight improvements that were required. Information accessed from residents satisfaction surveys had not been used effectively to improve residents overall quality of life in the designated centre.

Updated regulations will come into effect on the 1st January 2022 (statutory instrument 293). While there were early stage plans to upgrade facilities in some areas of the designated centre to meet the updated regulations, they were still in the process of being finalised. The registered provider had been aware of the pending regulatory changes since they were enacted in 2016 but had not progressed their plans at the time of the inspection, six weeks prior to their commencement. Therefore inspectors were not assured actions required would be achieved in the remaining time.

Improvements were seen in the recording of complaints received by the registered provider. All complaints reviewed were well handled and managed in line with the centres complaints policy. Inspectors reviewed a complaints and compliments log which contained a record of 16 compliments and 11 complaints made in 2021. Visiting arrangements had also improved, and many residents were seen to be spending time with family and friends in the centre, and the gardens around the centre.

Regulation 23: Governance and management

The system of governance and management in place in the centre failed to address repeated issues of regulatory non-compliance identified over a number of inspections.

In particular the registered provider failed to recognise and respond to institutional practices aligned to the physical premises and to address the impact of the physical environment on the lived experience of residents. The findings of this inspection were that although the number of residents living in the centre and in individual units had reduced, the provider had failed to effect changes in these areas.

The registered provider had failed to make adequate preparation for the pending regulatory changes due to come in to effect on 01 January 2022 despite knowing about them since 2016.

In addition audits to monitor infection prevention and control required strengthening, as they did not identify a number of concerns outlined under regulation 27.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

There were contracts in place for residents. The document set out the fee, any additional fees, and the terms of the placement.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which set out the services that were offered by the centre. There were a number of amendments required to ensure that the description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function reflected the totality of premises used by the registered provider.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A complaints policy was in place which detailed the steps to take in the event of a complaint being made. The process for making a complaint was displayed in the units in the designated centre. The three complaints which inspectors viewed in detail had been investigated by the person in charge in accordance with the policy, and the satisfaction levels of the complainant had been recorded.

Judgment: Compliant

Quality and safety

Residents continue to be accommodated in multi-occupancy units and rooms that do not afford basic privacy. The rights of residents who live in these areas are not upheld, as they are not able to decide how they wish to live their lives. While basic needs are met, residents are not able to spend time in private, with their own belongings around them, be supported in a way they prefer, and have access to meaningful occupation and activity. These practices have been identified during inspections carried out from 2016 onwards with little improvement noted.

Areas where improvements were noted include visiting arrangements, care records, and some aspects of food and nutrition. While the numbers of residents had reduced in the nightingale units, residents had not benefited from the additional space, as the areas have not been reconfigured to make additional space available to these residents.

Residents were receiving visitors, and reported this was really important to them. However, due to the layout of the centre, residents on the Enniskerry/Kilternan unit were not able to meet privately with visitors in their own units.

The registered provider had installed an electronic system for recording residents care plans and records. Staff were using this to record residents' needs and ensure care plans were reviewed and updated on a regular basis. Overall the recording around end of life care had improved and was being reviewed regularly in line with residents wishes. An initial assessment document set out residents' needs, and care plans were developed in line with those identified needs. Records inspected showed that care plans reflected the recommendations from health and social care professionals and that they were updated when residents needs changed. However not all care plans did not clearly set out residents preferences for the receipt of care.

Inspectors visited the kitchens and were present in several units when breakfast and lunch were being served. Inspectors saw that a range of snacks were provided to residents including cakes and baked items prepared fresh in the kitchens. Residents had access to fresh drinking water, and drinks were provided at regular intervals through the day. At lunch time there was a second choice of meal on the menu, and residents were seen to request specific meals that were provided to them. However improvements were required to the choice of food available to residents at breakfast and the serving of food in line with residents wishes.Inspectors observed residents being asked about preferences and portion sizes as meals were being served. For residents with modified diets, food moulds were used to give the food an appetising appearance.

The registered provider had arrangements in place to protect residents in the event of a fire emergency. These included regular servicing and monitoring of fire systems to include, firefighting equipment, means of escape and weekly checks on fire doors. Inspectors reviewed a sample of evacuation drills which identified actions for learning and improvement. The registered provider made available a report on these actions post inspection. A risk assessment regarding the storage of PPE (personal protective equipment) was also provided upon request.

There were positive outcomes for residents regarding their healthcare needs. Well established referral links both internally and externally ensured that their healthcare needs were attended to in a timely manner. There was clear documentation in place to record interventions made by healthcare professionals. Robust levels of oversight were in place to monitor the residents healthcare needs.

Regulation 11: Visits

Residents were observed enjoying visits with family and friends. Many residents told inspectors how much they were enjoying seeing people face to face again.

There was a booking process in place, that was in line with the current government guidance. Screening of visitors who attended the centre also complied with the current guidance on visiting.

While there were good arrangements in place, there was no space in the individual units for residents to meet privately with their visitor.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Many residents did not have sufficient space to store their personal possessions. This has been a repeat finding of the last three inspections and despite submitting compliance plans committing to addressing this issue the provider has failed to do so.

Residents who spoke to inspectors and inspectors observations confirmed that they did not have sufficient storage space for their personal belongings.

In a two bedded room residents did not have access to their own wardrobe. Instead the two residents shared a single wardrobe which did not allow for separation of belongings. In addition the available wardrobe was not big enough to meet the storage needs of two residents. As a result personal items were stored in bags on top of and by the side of the wardrobe.

As a result of the layout of the four bedded rooms in the Glens units residents were unable to access their belongings in private. Wardrobes were located at one end of the multi-occupancy rooms resulting in residents having to exit their private space and enter another residents space to access their wardrobe.

Judgment: Not compliant

Regulation 13: End of life

Each resident had an end of life care plan in place. Records showed discussions had been held with the resident, and their family where appropriate, about their choices at end of life. There was a document for recording residents' expressed wishes, and another section setting out the agreed plan.

However, the records were not always an accurate reflection of the resident's and

familie's wishes. In one example the families understanding of the arrangements in place were not reflected in the written record or in the knowledge of the staff.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider failed to ensure that the premises of the designated centre were appropriate to the number and needs of the residents living there.

The layout of the four nightingale units and some of the bedrooms in Glencullen and Glencree had a negative impact on the lived experience of residents. These rooms did not uphold residents rights to privacy, dignity and decision making about their lives.

- a number of rooms were not of a suitable size and layout to meet residents' needs.
- where occupancy had reduced in the nightingale units, the increased floor space had yet to be made available to the remaining residents in that area.
- the configuration of some residents sleeping areas did not provide space for residents to have family photographs or mementos in their line of vision
- there was insufficient storage space for clinical equipment which resulted in such items being stored in bathrooms and communal spaces
- not all bed spaces had emergency call facilities
- insufficient sitting and dinning space in the four nightingale units, separate to bedroom space
- basic maintenance issues were not addressed including
    - a hole in the ceiling in one room
    - leakage stains on ceilings
    - loose covers on strip lighting
    - window blinds were not replaced on a number of windows including beside a resident's bed

The totality of the findings listed above have informed a judgement of non-compliance with the current requirements of Regulation 17. Inspection reports identified areas of non-compliance with the regulations underpinning the physical premises as far back as 2014.

In addition to the ongoing failure to ensure that the premises were compliant with the current regulations the registered provider had not taken the required action to bring the centre into compliance with the regulatory changes that are due to come into effect on 01 January 2022. On the date of this inspection, 17 November 2021, plans available in the centre were described as provisional and subject to change. The nightingale units remained as large rooms which accommodated significantly more residents than the permitted four. In addition it was not clear to the inspectors that the available plans would achieve compliance with S.I.293 when they come into

effect. For example the plans did not include any renovations of the Glencree or Glencullen Units. In these units the available floor space for each resident varied from 4.6m to 6m, not all bed spaces could accommodate a chair or a bedside locker and many residents had to enter the private space of another resident to access their wardrobe.

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors observed that residents were not being afforded a choice of food at breakfast and when residents did express a preference this was not facilitated. For example, one resident was given milk in their tea when they do not take milk and two other residents were not given their choice of bread. Toast offered to residents on one unit was was found to be soggy. On one unit the tea was very strong by the time staff were serving residents at the opposite end to the kitchen. The inspector asked staff to make fresh tea for residents. The system in place to ensure that catering and kitchen staff were aware of residents dietary requirements required review to ensure that residents received culturally appropriate food.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not put sufficient arrangements in place to ensure effective prevention and control of infection arrangements were in place. For example:

- damage to walls and surfaces which would impact on effective cleaning processes (for example, the laundry walls were not repaired).
- inconsistent hand hygiene practices by staff (moving between residents without cleaning hands).
- the solution required for the functioning of three newly installed bedpan washers were empty and staff were unaware of the process for checking or replacing the detergent as there was a failure to ensure that staff were trained in the use of the newly installed equipment. As a result inspectors observed unclean equipment such as bedpans with organic matter after washing.
- One of the kitchenette areas observed was not clean.
- inadequate systems to ensure residents had their own personal items (hoist slings, toiletries in communal areas)
- poor positioning of alcohol gel dispensers in a resident room which did not allow easy access.

- inspectors observed poor infection prevention and control practices when staff were handling soiled linen. Linen trolley bags were overfilled and then taken to the sluice room where the laundry was emptied into other bags before being taken outside. Trolley lids were broken and some could not be closed properly.

Many of these issues were also identified on the last inspection on the 3rd March 2021 and had not been addressed.

Judgment: Not compliant

Regulation 28: Fire precautions

Despite good practice in this area inspectors found that improvements were required in the laundry area to mitigate against the risk of fire. A build up of lint had accumulated in clothes dryers and had the potential to cause fire. In addition a fire door separating the clean and dirty areas of the laundry did not provide adequate protection as it was not closing properly.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While good examples were seen, not all care plans reflected the preferences that residents were describing to inspectors. Also, one example was seen where care plans had not been developed within 48 hours of the resident moving in to the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents health care needs were reviewed on a regular basis by the medical officer, and referrals were made to relevant allied health professionals when required. Records showed that residents were attending appointments at local hospitals as required.

Nursing staff were using a range of assessment tools to identify when residents needs were changing. Nursing notes reflected that the care delivered to residents, was in line with the care plans.

There were a range of staff available in the centre to meet residents needs including a social worker, occupational therapist, and a physiotherapist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found the quality of recording and identification of residents with responsive behaviours varied in documentation reviewed during the inspection. A number of records reviewed gave a clear and concise description of resident responsive behaviours and went on to describe the interventions required to support the individual concerned and the tools in place to monitor and review these behaviours. However, inspectors also found examples in records where there were inadequate descriptions of these behaviours and the interventions required.

Inspectors observed a staff and resident interaction which did not promote best practice. Poor de-escalation techniques combined with a task orientated approach to care had the potential for the interaction to become more serious and develop into a confrontation.

Judgment: Substantially compliant

Regulation 8: Protection

A safeguarding policy was in place which guided staff in their response to abuse concerns, in line with best practice. Staff spoken with demonstrated their knowledge of what constituted abuse and of the steps to be taken in the event of a suspected or confirmed incident of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Resident rights were compromised in areas where:

- the layout of the accommodation did not afford residents privacy and dignity
- residents did not have sufficient space to store their personal items
- resident choice and decision making was in some cases overlooked in order to achieve work tasks by a certain time.
- residents were unable to control their immediate environment and were

impacted by the noise, lighting and wishes of other residents.

- There was no programme of activities for residents to plan and choose from on the day of the inspection.
- Residents choice to undertake care tasks independently were not consistently respected.

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
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Leopardstown Park Hospital OSV-0000667

Inspection ID: MON-0034829

Date of inspection: 17/11/2021

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A refurbishment and confirguration capital development is underway for the nightingale units (Enniskerry/Kiltiernan, Tibradden/Kilgobbin). Plans have been provided to the Authority and feedback received in relation to same. Project progressing to bring units into full compliance with regulations. A compliance plan for the Glens and Djouce has been submitted to the Authority, which will bring into compliance.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Updated SOP and floor plan was provided to the Authority following feedback on same at inspection.	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Within the refurbishment of the nightingale units additional areas for residents to meet visitors are being provided	

Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: As part of the compliance plan provided to the Authority this will be addressed. Bespoke wardrobes/locker solutions will be provided increasing available space for storage of personal possessions within their own private space. Additional resident accessible storage space for out of season and occasional wear personal possessions is being provided as part of the nightingale refurbishment.	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: All end of life care plans accurately reflect resident wishes, or where resident is unable to express those or gives consent for family to be involved, the family's wishes are documented.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider failed to ensure that the premises of the designated centre were appropriate to the number and needs of the residents living there. A compliance plan for the centre has been submitted to the Authority, this entails major capital refurbishment programme in the nightingale units along with reconfiguration of some rooms within the Glens and Djouce units, which will bring all into compliance.	
Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The system is in place to to ensure that catering and kitchen staff are aware of residents' dietary requirements including culturally appropriate food where applicable. Staff have been reminded to offer choice at breakfast

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Ongoing training and reinforcement for all staff in relation to hand hygiene.
Confirmation from manufacturer that solution in bedpanwashers is water softener not detergent. Bed pan washers were serviced to check for any malfunctioning
Kitchenette areas are clean
In area identified the unnamed hoist slings have been named in line with hospital policy
Review of positioning of alcohol dispensers taken place and some have been relocated to a more optimal position.
Reinforcement of hospital policy on management of soiled linen has taken place. The linen bins have been on order however supply chain issues have impacted. Suppliers advise delivery in February 2022

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Lint was cleared on day of inspection. Reinforcement of the procedures for clearing lint has occurred.
Fire door was fixed on following day by external contractor

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Identified reason for one care plan not completed in 48 hours from admission. Staff fully

aware of requirement and the requirement has been reinforced	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Review of incident carried out with individual identified. Training on management of responsive behaviours had been completed by significant numbers of staff and is continuing to be rolled out. Care plans are kept under ongoing review and subject to audit	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A refurbishment and configuration capital development is underway for the nightingale units (Enniskerry/Kiltiernan, Tibradden/Kilgobbin). Plans have been provided to the Authority and feedback received in relation to same. Project progressing to bring units into full compliance with regulations. A compliance plan for the Glens and Djouce has been submitted to the Authority which will bring into compliance and support residents' rights. There are no restrictions on frequency of showers. All resident's choices have been reviewed and residents have had it reinforced that they have choice in relation to showering. The comprehensive activities programme continues and continues to be coordinated and reviewed in line with resident interests, seasonal matters and resident choice and capability/capacity	

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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	31/10/2022
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	Not Compliant	Orange	31/10/2022

	particular, that a resident uses and retains control over his or her clothes.			
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 and other personal possessions.	Not Compliant	Orange	31/10/2022
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	18/11/2021
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	Not Compliant	Orange	31/10/2022

	accordance with the statement of purpose prepared under Regulation 3.			
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	31/10/2022
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	18/11/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	18/01/2022
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	31/10/2021
Regulation 27	The registered provider shall ensure that	Not Compliant	Orange	24/11/2021

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/12/2021
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	18/11/2021
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and	Substantially Compliant	Yellow	24/11/2021

	manage behaviour that is challenging.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	18/11/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	18/11/2021
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	24/11/2021
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	31/10/2022