

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Leopardstown Park Hospital
Centre ID:	ORG-0000667
Centre address:	Foxrock, Dublin 18.
Telephone number:	01 295 5055
Email address:	info@lph.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Leopardstown Park Hospital
Provider Nominee:	Nicholas Kelly
Person in charge:	Elaine Flanagan
Lead inspector:	Deirdre Byrne
Support inspector(s):	Maeve O'Sullivan
Type of inspection	Announced
Number of residents on the date of inspection:	165
Number of vacancies on the date of inspection:	6

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
04 February 2014 08:00	04 February 2014 18:30
05 February 2014 09:30	05 February 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority's (the Authority) Regulation Directorate to renew registration. As part of the inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The registered providers are Leopardstown Park Hospital Board, Nicholas Kelly the Chief Executive Officer is the nominated person on behalf of the provider and Elaine Flanagan is the person in charge. Overall, inspectors were satisfied with their

ongoing fitness at this registration renewal through discussions with the nominee of the provider and the person in charge during the inspection process, ongoing monitoring and compliance, response to action plans, notifications in the intervening registration period. They both demonstrated an understanding of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, as amended, and the National Quality Standards for Residential Care Settings for Older Persons in Ireland and their statutory obligations.

Inspectors found a high standard of nursing care was provided to the residents. Care was provided by staff who were familiar with them and knowledgeable of their health and social care needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

The person on behalf of the provider and person in charge promoted the safety of residents. A comprehensive risk management process was in place for the centre. Robust fire procedures and an emergency plan were in place. Staff had received frequent training and were knowledgeable about the prevention of elder abuse. Inspectors found nearly all of the issues identified at the previous inspection in July 2013 had been addressed with the exception of the deficits in the premises.

As identified at previous inspections carried out since 2010, inspectors found that aspects of the design and layout of the premises did not meet residents' needs. Significant improvements are required to the premises in order to comply with the Regulations and the national Standards by 01 July 2015. The design and layout of the centre did not fully meet residents needs in terms of the multi occupancy bedrooms and in particular the four units which have up to 15 beds, and the single bedrooms in these units did not meet the minimum size requirements. There was also an overall lack of space for residents to meet visitors in private. The nominated provider was acutely aware of the deficits and constraints of the premises. However, there were no definite costed plans in place to address them.

A number of actions were required from this inspection which are detailed in the report and included in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied there was a statement of purpose that met the requirements of schedule 1 and regulation 5 of the Regulations. It accurately described the services and facilities, the management structure, staffing levels and the way in which care was to be provided to residents.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents had an agreed written contract with the provider. A sample of contracts of care reviewed were signed within one month of entering the centre, and they also included the fee and services to be provided.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the centre was managed full time by a registered nurse with experience in care of the elderly. Inspectors met with the person in charge throughout the inspection. She was very familiar with the Regulations and the Standards, and her requirements. For example, the notification process and provision of training for staff. The person in charge managed the centre with authority and accountability, inspectors saw she was present on the ground, and staff said they regularly met her. There were staff meetings held regularly and inspectors saw minutes confirming this.

The person in charge was familiar with the residents and their health care needs and spoke knowledgeably about their care, she was observed meeting and interacting with residents and the residents confirmed to inspectors she met with them and they could talk to her if they wanted to.

She continued her own professional development through attendance at seminars and talks, and had completed a masters in leadership and management in 2013. She was supported in her position by an assistant director of nursing (ADON) who also deputised in her absence.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found the provider had ensured a written residents guide that met mandatory requirements was in place. An up-to-date directory of residents was seen by inspectors however, it did not fully meet the requirement of the Regulations. For example, the date of a residents admission to the centre and details of the residents G.P. were not included.

Otherwise, inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. The residents were protected by the centres the insurance policy which was up-to-date and provided adequate cover for their personal items.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the person in charge had suitable arrangements in place to manage the centre in her absence. At the time of the inspection she was not planning on taking leave from the centre which required notification to the Chief Inspector.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that measures were in place to protect residents from being harmed or experiencing abuse. There were records to indicate that staff had received training on identifying and responding to elder abuse. A senior medical social worker provided in-house training for staff. Inspectors found that the staff spoken with were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge.

There were three centre-specific comprehensive policies on the protection of vulnerable adults. They provided guidance to staff on the types of abuse, the procedures for reporting alleged abuse and investigating an allegation of elder abuse.

Residents spoken with confirmed to the inspectors that they felt safe in the centre, and would talk to the person in charge if they had concerns.

Inspectors reviewed the arrangements for the safekeeping of residents' money with the provider, which appeared to be adequately managed and in line with regulatory requirements.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the health and safety of residents, staff and visitors in the centre was promoted and protected by the person nominated on behalf of the provider and the person in charge.

Inspectors saw health and safety and risk management policies were in place that met the requirements of the Regulations. A risk register was drawn up for each of the centre's seven units, individual departments and services. A central copy of each register was seen by the inspectors. The registers included the identified environmental risks for each unit, along with the risk rating and precautions in place to control them. There was evidence of ongoing identification and assessment of risk, along with monitoring and

updating of the risk register and the controls in place. For example, each unit manager was responsible for keeping their risk register updated and to add any new risks and controls as they were required. The person in charge and a risk management coordinator met weekly to carry out reviews of any changes made. An integrated quality and safety committee oversaw the monitoring and management of the risk registers. In addition, a health and safety committee met regularly to review any areas of risk and health and safety in the centre. The inspectors reviewed the minutes of the previous minutes which included a discussion around fire drills taking place at night time.

Arrangements were in place for the management of adverse events involving residents, the details of which were outlined in a specific policy read by inspectors. There was a detailed emergency plan was in place that included details of alternative accommodation.

There was good management of falls in the centre. A falls committee met regularly to look at all falls in the centre. The minutes of a recent falls committee meeting were read. It included a review of each resident's fall, along with the actions to be taken such as monitoring and closely supervising the resident. Audits were also conducted to identify areas for improvement or change. Inspectors read records that confirmed staff had up-to-date training in the movement and handling of residents. It was provided by a clinical nurse manager (CNM) and care assistant (HCA). Staff were knowledgeable of best practice in the movement of residents and observed moving residents using supports such as hoists and in accordance with best practice.

Inspectors were satisfied that fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. A health and safety officer had responsibility for the management of fire safety in the centre. He carried out checks the fire alarms. Inspectors also saw fire exits were also checked and were unobstructed. Inspectors read training records which confirmed that all staff had attended training at least twice a year. Regular fire drills were conducted including evacuation procedures and records maintained of the outcome and learning from the drills. Staff were knowledgeable of the procedures to follow in the event of a fire.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

A comprehensive medication management policy was in place which guided practice. Inspectors read completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. A pharmacy was based in the centre. The pharmacist provided support and was involved in the review of residents medications. Inspectors read reports of medication errors that had occurred, which also included details of the investigation carried, actions that were taken and evidence of sharing of information with staff for learning purposes.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Inspectors checked the balance of a sample of medication and found it to be correct.

Staff nurses involved in the administration of medications had undertaken training updates in best practice, and weekly medication audits were completed to identify areas for improvement.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that a record of all incidents was maintained, and where required notified within specified time frame to the Chief Inspector.

The person in charge was aware of the requirement to notify the Chief Inspector of certain incidents. In addition, a quarterly report outlining other incidents in the centre was made to the Chief Inspector, as required.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

Findings:

Inspectors were satisfied that there were systems in place to monitor and develop the quality of life of the residents on an ongoing basis.

There were systems in place to regularly review the quality of residents' lives and to implement change to enhance their experiences. A range of audits were carried out for areas such as restraint, behaviours that challenge, falls, care planning documentation, hand hygiene and medication errors.

Inspectors reviewed the findings for an audit on behaviours that challenged and the use of psychotropic medication. The results included a range of findings and areas for improvements. For example, care plans required additional information and checks to be carried out prior to administration of medications. The actions to address the issues identified were also included, and. For example, additional training and education for staff, improved check lists and a follow up audit in April to assess improvements in care plans. The CNM overseeing this audit told inspectors' additional training was scheduled already for March and April and screening checklist had been developed for staff.

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that residents were provided with a high standard of nursing care, they had access to G.P. services and a range of allied health professionals. There were good practices in the management of planning for the residents care in line with their assessed needs. However, aspects of documentation required improvement.

Inspectors reviewed a sample of care plans which were in an electronic format. Overall residents were regularly assessed at routine intervals or more frequently when required for a range of health care needs. There was evidence that care plans in place to address residents needs. However, care plans were not developed for all identified needs for example, end-of-life care. Additionally, some care plans did not contain up-to-date information that reflected the good practices and interventions of staff. There was inconsistent evidence of consultation with residents in their care.

The residents had good access to G.P. services, and could choose to retain the services of their own G.P. or use the services of the full time medical officer based in the centre. A second medical officer provided additional support for a number of hours every day. There was a range of services available to the residents, with in house allied health professionals such as occupational therapists, physiotherapists, a dietician, speech and language therapist, social worker and a psychotherapist based in the centre. There were links to a local hospital and access to psychiatric and local palliative care services.

Inspectors also reviewed the arrangements for the management of restraint, nutrition, falls, wounds, and behaviours that challenge, and found evidence of good practices in these areas. There were policies in place to guide care in these areas. Inspectors saw evidence that residents were regularly assessed, and where need was identified, care plans were developed. Staff were knowledgeable of residents care needs, and had received training to enhance their practices. As outlined above there was evidence of referral to relevant health professionals. The inspector saw daily nursing notes which provided information on the treatment and condition of the residents.

The provider and person in charge ensure residents had a range of choice in how they spent their day. The occupational health (OT) department oversaw the management of activities for residents. Inspectors met OT staff from this service who described the assessment process and the plans they had drawn up for residents. Along with an OT assistant and activities staff they facilitated a range of activities for residents. Activities programmes were displayed throughout the centre. An OT programme included sensory exercises, catering and gardening classes. Another programme consisted of exercise classes, newspaper readings, movie nights, and art classes. Residents were observed taking part in an art class during the inspection. There was one to one time provided for a number of residents who preferred not to, or could not participate in group activities. Residents appeared relaxed and at ease in the sitting areas, with staff sitting and interacting with them.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets

residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that the physical environment in Leopardstown Park Nursing Home did not meet residents' needs and the requirements of the Regulations. Furthermore, significant improvements are required to the premises in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland by 01 July 2015.

The nominated provider was fully aware of the deficits in the centre. As outlined in previous inspections a strategic plan had been developed to look at the deficits in the premises. Inspectors were informed they were looking at different options on how they would address the premises issues in order to comply with the Regulations and the Authority's Standards. However, the plans in place were not costed and planning permission had not been obtained.

The deficits in the premises are as follows:

-bedrooms were institutional in nature, with a large number of multi-occupancy rooms in the centre. Additionally, there were four units with 15 bedded rooms. Inspectors found there was insufficient space around the beds in these units to ensure privacy and dignity for the residents and to receive visitors at the same time. There was also an infection control risk as beds were in such close proximity together.

- a number of single bedrooms would not meet the minimum size requirements of the Standards. Inspectors observed personal care for a resident being carried out in the communal hallway of one unit as there was insufficient room to do so in the resident's bedroom

-there was inadequate quiet-private space for residents to meet visitors. Parts of the centre in particular the 17 bedded units were not provided with adequate private space and communal space for the residents

- there was inadequate storage space in the centre. Inspectors saw equipment such as chairs and hoists were stored in corridors and communal and posed potential risk

-there were inadequate number of toilets and showers to meet residents needs

The centre was in a clean condition and was maintained to a good standard internally and externally. It was pleasantly decorated in all parts. There were photos of past and present residents and staff throughout the years. There was direct access to a number of secure gardens from the centre, including a well laid out sensory garden for residents with dementia. A large communal "concert hall" was used for concerts, plays and mealtimes. There was a library, pharmacy, chapel and staff facilities also located in the centre.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. Inspectors viewed the servicing and maintenance records for equipment such as the lift and found they were up to date.

Inspectors found that the laundry, sluice and kitchen facilities were satisfactory and met the requirements in the Authority's Standards.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied complaints were well managed, and there was a proactive approach to the overall response to complaints in the centre. An action from the previous inspection was completed and the policy outlined a separate person was nominated to oversee complaints were reported and responded to.

There was a complaint's policy in place and the inspectors noted that it met the requirements of the Regulations. The complaints procedure was on display throughout the centre. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

A log of each complaint was maintained and inspectors reviewed a sample. Inspectors spoke to the complaints officer who outlined the investigations carried out. A sample of recorded complaints read by inspectors contained details of the complaint, the action taken and the complainants' level of satisfaction with the outcome.

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that residents received a good standard of end-of-life care which was person centred and respected the values and preferences of the individual. However, improvement in the care planning process was required.

There was a comprehensive policy on end-of-life which was centre-specific and provided detailed guidance to staff. Inspectors reviewed a sample of end-of-life care plans but they were not developed for all residents who required them. The centre's policy required an end-of-life care plan to be put in place for all residents. However, inspectors found that this did not take place in practice and care plans were not drawn up for all residents in the centre. As a result preferences regarding end-of-life arrangements, their preferred place of death and their spiritual, social and emotional needs at this time of life were not consistently discussed and recorded in a timely way for a number of residents.

The person in charge stated that the centre maintained strong links with the local palliative care team. All staff members had received training in end of life matters and residents stated that staff members were caring and respectful and they were comfortable confiding in them.

Residents and visitors were informed sensitively when there was a death in the centre. Residents were facilitated to pay their respects and a chapel and private room was available in the centre when this was requested. The person in charge stated that family members could stay overnight in the event that their loved one was dying.

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were provided with meals that were wholesome and in accordance with their assessed needs.

There was evidence of on-going monitoring of residents' nutritional and hydration needs. Regular weight monitoring and nutritional assessments were carried out for all residents. There was good access to the G.P., dietician and speech and language therapist for those residents who required this. Care plans for nutrition were developed for residents' nutritional needs. Dietary monitoring records and fluid balance charts were implemented for those residents at risk of poor intake.

Inspectors spent time with residents in a number of dining rooms at lunch time and they found residents were discreetly and respectfully assisted with their meals by staff. A menu was displayed with the choice of meal for the day and there was evidence of choice at mealtimes for residents on a modified consistency diet.

The catering staff discussed the special dietary requirements and preferences of residents' and demonstrated knowledge of the residents' assessed needs. They received a detailed itinerary each day from nursing staff which outlined residents' special dietary requirements and choice of meal for the following day. There was a four-week rolling menu which was reviewed by the catering managers at regular intervals to ensure a choice at meal times. They explained to inspectors that residents' likes and dislikes were regularly monitored as they regularly met residents and would review meals following feedback.

Inspectors saw residents being offered a variety of snacks including fruit and hot drinks during the day. Inspectors visited the kitchen and found it was well laid out and stocked with a good supply of food.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that staff respected residents' privacy and dignity and residents were consulted with in regard to the operation of the centre.

There were arrangements in place to facilitate consultation and participation with residents in the organisation of the centre. A residents' forum met every two months. Inspectors read the minutes of the last meeting, which took place in November 2013. The meetings were facilitated by the senior medical social worker. The issues raised were mainly food related. Inspectors were satisfied that issues raised were sufficiently dealt with.

There were strong links to the community that the centre was historically connected to. The Veterans of Leopardstown Park Hospital frequently met and organised social outings from the centre. Inspectors were shown a newsletter "Liana" which was published every few months, the most recent from December 2013. It included photos of residents, families and staff, and stories submitted by residents and the staff. Additionally, there were articles of recent events such as a play that was held in the concert hall of the centre.

The religious and spiritual rights of residents were respected. Residents of all religious denominations were welcome in the centre. A large chapel was located in the centre, and the person in charge described the services available to residents. Mass was said for the Roman Catholic and Church of Ireland faiths every Friday and Tuesday respectively. Inspectors met with one of the two part time sacristans who worked in the chapel who described her role and the support provided to residents.

Throughout the inspection staff were observed speaking respectfully and politely to residents. The residents seemed comfortable and happy in their surroundings. Inspectors noted that residents were dressed neatly, with their hair and makeup done. A number of residents and their families expressed their happiness with the centre.

Residents could access a public telephone or the use of an office phone in the nurses station if they wished. There were televisions provided in each bedroom and communal areas. The newspapers were collected and brought to centre each day and at weekends.

The person nominated on behalf of the provider and person in charge ensured residents voting rights were maintained. The residents were supported to vote in house on each election day. There was an arrangement made with the local county council to set up a polling station in the centre at each election. A resident told the inspectors she had voted in the last election in the centre.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for

regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that adequate provision had been made for the management of residents' personal possessions.

There was satisfactory storage space for residents in their bedrooms although inspectors noted that in the case of some of the multi-occupancy bedroom the wardrobe space was limited. Residents expressed satisfaction with the storage space available. The person in charge stated that additional storage space was provided on request and all residents had access to lockable storage in their rooms.

Inspectors visited the laundry and found that it was well organised and industrial sized machines were provided. The laundry was maintained in a clean condition. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided. A list of residents' personal property was maintained on the care plans.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection. Staff, relatives

and residents agreed that there were adequate levels of staff on duty.

Staff were knowledgeable of the centres policies and procedures. They had completed up-to-date mandatory training. Staff told the inspectors they had received a broad range of training which included cardiopulmonary resuscitation (CPR), restraint and infection control. There was documentary evidence to support this. The person in charge promoted and encouraged staff to complete further education. A number of staff described training they had completed in areas such as health and safety, restraint management, infection control. They told inspectors they incorporated new practices into their working day and some provided in house training to staff in that area.

Inspectors observed staff interacting well with residents on the day of inspection and residents told inspectors they had a good rapport with them.

Inspectors found that there was a recruitment policy in place and inspectors were satisfied that staff recruitment was in line with the Regulations. A sample of staff files were reviewed and contained all documentation and information as per Schedule 2 of the Regulations. There was a formal induction programme for new staff.

Inspectors reviewed a sample of files and found that nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Leopardstown Park Hospital
Centre ID:	ORG-0000667
Date of inspection:	04/02/2014
Date of response:	

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The directory of residents did not include all information as required by the Regulations.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

The Directory of Residents has been reviewed and the 2 deficient areas have been corrected. A 3 monthly audit of same will also be completed by Resident Services to ensure ongoing compliance.

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

Proposed Timescale: 03/03/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents identified needs in relation to end-of-life care were not consistently outlined in a care plan.

Care plans did not consistently outline the interventions to address residents specific needs.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Further training regarding challenging conversations at end of life has been scheduled for each Clinical Nurse Manager to equip them with the skills necessary to address end of life wishes. End of life wishes are discussed three monthly at intra-disciplinary team meetings. Local hospice has been contacted to provide further information relating to interventions to address residents specific. All end of life care plans will be reviewed by Clinical Nurse Manager of each unit and updated at 3 monthly intervals.

Proposed Timescale: 17/03/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was inconsistent evidence of consultation with residents in their care plan.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

All Clinical Nurse Managers have been instructed that all residents must be consulted at care plan review and the same documented in each update. All updates will requires written proof that residents will be involved in each care plan review. If a resident does not want to be involved, it will be documented at each review.

Proposed Timescale: 17/03/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

The design and layout of the multi-occupancy rooms does not meet residents' needs and will not comply with the Regulations and Standards by July 2015.

The Chief Inspector requests a costed plan, with definite timeframes to address the premises deficits as outlined in the report and the action plan above to be submitted to the Authority.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

The strategic plan has been formulated to address the above issues and is currently under consideration by the Department of Health and the HSE. A costed, SMART transition plan detailing how the change is to occur, how the Residents needs will be addressed during the transition will be forwarded to the Authority by latest 1/7/2014.

Proposed Timescale: 01/07/2014

Theme: Effective Care and Support

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

There was insufficient private and communal space for residents.

The Chief Inspector requests a costed plan, with definite timeframes to address the premises deficits as outlined in the report and the action plan above to be submitted to the Authority.

Action Required:

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

The strategic plan has been formulated to address the above issues and is currently under consideration by the Department of Health and the HSE. A costed, SMART transition plan detailing how the change is to occur, how the Residents needs will be addressed during the transition will be forwarded to the Authority by latest 1/7/2014.

Proposed Timescale: 01/07/2014

Theme: Effective Care and Support

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

There were insufficient number of toilets and showers in some units to meet the needs of residents.

The Chief Inspector requests a costed plan, with definite timeframes to address the premises deficits as outlined in the report and the action plan above to be submitted to the Authority.

Action Required:

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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

The strategic plan has been formulated to address the above issues and is currently under consideration by the Department of Health and the HSE. A costed, SMART transition plan detailing how the change is to occur, how the Residents needs will be addressed during the transition will be forwarded to the Authority by latest 1/7/2014.

Proposed Timescale: 01/07/2014

Theme: Effective Care and Support

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

There was inadequate storage provided to safely store all equipment.

The Chief Inspector requests a costed plan, with definite timeframes to address the premises deficits as outlined in the report and the action plan above to be submitted to the Authority.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

The strategic plan has been formulated to address the above issues and is currently under consideration by the Department of Health and the HSE. A costed, SMART transition plan detailing how the change is to occur, how the Residents needs will be addressed during the transition will be forwarded to the Authority by latest 1/7/2014.

Proposed Timescale: 01/07/2014