



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Leeson Park House Nursing Home
Name of provider:	Shanid Limited
Address of centre:	10 Leeson Park, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	05 February 2018
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0021083

About the designated centre

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

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

The following information outlines some additional data on this centre.

Current registration end date:	25/07/2020
Number of residents on the date of inspection:	43

How we inspect

To prepare for this inspection the inspector or 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
05 February 2018	12:00hrs to 17:00hrs	Ann Wallace	Lead

Views of people who use the service

The inspector met with a number of residents and visitors on the afternoon of the inspection. Residents and their families were positive about the care and services that they received in the centre. Residents told the inspector that staff were courteous and helpful and that they were well cared for.

Visitors said that they were made welcome when they visited the centre. Relatives reported that they were kept informed about any changes in the resident's health or well-being and were encouraged to be involved in the resident's day-to-day life at the centre. On the afternoon of the inspection one visitor was visiting at lunch time to sit with their partner of many years and encourage them to enjoy their meal. The inspector noted how much the resident and their partner enjoyed this time together and that staff respected and facilitated this to happen as part of the resident's daily routine.

Resident enjoyed their meals and told the inspector that there was plenty of choice on the menus and that they could choose whether to take their meals in their rooms or to come to the dining room. Residents were offered choices in meals, snacks and drinks throughout the afternoon of the inspection and staff offered gentle support and encouragement for those residents who needed help.

Residents were generally positive about the activities and opportunities for meaningful engagement that were provided in the centre and said that they particularly enjoyed the trips out to the theatre and concerts. Some residents chose not to take part in the activities that were on offer and told the inspector that this was their choice and that this was respected by the staff.

Residents who spoke with the inspector told them that they felt safe in the centre and said that staff were approachable and kind.

Capacity and capability

Overall the centre was well managed for the benefit of the residents who lived there. There were effective management structures in place with clear lines of accountability and authority. As a result staff were supported and supervised in their day-to-day work. There were sufficient staff with the right knowledge and skills to meet the needs of the residents living in the centre and care and services were found to be in line with the centre's statement of purpose.

Residents said that they felt able to influence how their care and services were

provided. Residents saw senior nursing staff every day and felt able to raise any concerns or issues they had. Where residents or relatives had raised issues or concerns they said that they had been listened to and the issues had been dealt with promptly.

The provider and their representative visited the centre regularly and met with residents, relatives and staff. They knew about current incidents and complaints and how these were being managed. The provider had also completed an annual review of the safety and quality of services and facilities which included feedback and comments from the annual resident and relative surveys as well as feedback from resident forum meetings.

Records relating to incidents and complaints showed that staff performance was monitored and that monitoring included feedback from residents and relatives. Any under-performance issues that were identified were addressed by the provider and the person in charge.

Staff had access to a range of policies and procedures to support the delivery of safe and appropriate care and services for residents. Staff were trained in key policies through the centre's induction programme and ongoing mandatory training sessions. Compliance with policy guidance was reviewed through the centre's audit programme and through feedback on staff performance. Audit reports identified areas for improvements and the actions required. Staff said they were kept informed about policy changes and audit improvements through staff meetings and handover reports.

Regulation 15: Staffing

There were sufficient staff with the right skills to meet the ongoing needs of the residents living in the centre. There was a registered nurse on duty at all times in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of training opportunities. All staff have completed mandatory training in fire safety, moving and handling, and safeguarding vulnerable adults. Staff had also received training in infection control, dementia care and managing responsive behaviours (how people with dementia or other conditions

may communicate or express their physical discomfort, or discomfort with their social or physical environment). Nursing staff had access to relevant training opportunities in wound management, care planning, medication management and nutrition. Catering staff were trained in safe food handling.

Staff were supported and supervised in their work and staff who spoke with the inspector were clear about what was expected of them in their role. There were performance management systems in place and there was clear evidence that under performance was actively managed by the provider and the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure which identified the lines of authority and accountability and the reporting structures that were in place for all staff working in the designated centre.

The inspector found that there were sufficient resources in the centre to ensure that residents received safe and appropriate care and services in line with the designated centre's statement of purpose.

There were effective quality management systems in place to monitor the safety and quality of care and services. Where improvements were identified these were communicated to the relevant members of staff for implementation.

The provider had completed an annual review of the safety and quality of services and facilities provided in the centre in 2017. The review included input from the annual resident/family survey, resident forum meetings and complaints. The annual review was communicated to the residents through the resident's forum meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in operation in the centre. The complaints procedure identified the complaints manager and the option for an independent review if the complainant was not satisfied with how their complaint had been managed. Residents and visitors who spoke with the inspector were aware of the complaints procedure and reported that staff were approachable if they had any concerns.

Judgment: Compliant

Quality and safety

Residents' needs were met through a range of nursing, medical and specialist health care services. There was also a well established activities programme which provided opportunities for social engagement and meaningful activity. Staff knew the residents well and were familiar with their needs and preferences for care and daily routines. Where residents refused care and services this was respected by staff. As a result care was person centred and residents' rights were respected.

Each resident had a comprehensive assessment of their health and social care needs completed. The assessment identified their current needs and any related risks such as falls or loss of weight. Following assessment a care plan was developed. Residents and their relatives were involved in developing and reviewing care plans and overall care plans were found to reflect residents' preferences for care and daily routines.

Residents saw their general practitioner (GP) regularly and out of hours services were in place if needed. Residents who needed specialist input were referred to the appropriate service and residents had access to a dietitian, speech and language therapy, physiotherapy, palliative care services and mental health services when required. Interventions prescribed by specialist services were implemented by staff in the centre. Regular visits were also arranged to chiropody, dental and optician services. Residents' care plans were reviewed four monthly or more often if a resident's needs changed.

Nursing staff and GPs worked with the specialist palliative care team for those residents requiring care and support at the end of their life. Medical records and care plans documented specialist input in relation to interventions for symptom control and pain management. Relatives reported that staff encouraged them to visit and to be involved in caring for their family member who was approaching end of life. Staff were respectful of the resident's end-of-life wishes including a change of room when requested. Staff understood the family's need for privacy at this time and ensured that a quiet area was provided for them.

Overall, staff interactions with residents were respectful and empathetic. Staff knew the levels of support and interventions that were needed to engage effectively with individual residents. Documentation in relation to a recent complaint showed that staff performance in this area was monitored and where improvements were required these were addressed.

The centre's activity programme enabled residents to take part in activities and social interactions that were of interest to them. During the afternoon of this

inspection residents were seen to enjoy a music and sing along session and made Valentine's cards for relatives and friends. Staff supported residents to participate in line with their abilities and preferences. Where residents chose not to take part in an activity this was respected by staff. These residents told the inspector that this was their choice and that they preferred to spend their time quietly.

Residents said that they felt safe in the centre and that if they had any concerns they were able to talk to staff. The centre had clear policies and procedures in place to guide practice in the prevention, detection and response to allegations of abuse and all staff had attended safeguarding training. Staff were aware of their responsibility to keep residents safe and what to do if an allegation of abuse was made.

Residents told the inspector that they were comfortable and that overall the premises met their needs. Bedroom accommodation consisted of single and twin bedrooms some with wash hand basin and toilet and some with en suite toilet and shower facilities. Bedrooms were well presented and had sufficient personal storage space for residents' possessions. Residents could have a private telephone in their rooms if they wished.

The inspector noted that although the two bedrooms on the first floor met the requirements of the regulations, they could not accommodate a hoist if it was required. The inspector spoke with nursing and care staff and with the relatives of one resident. The family reported that they had requested a move to this room as it was close to the nurse's station and that it met the resident's current needs.

Comfortably furnished communal areas were well used by residents which gave the centre a real sense of community. These included a conservatory which offered lovely views of the garden for residents who did not want to go outside in the colder weather. Quiet seating areas were situated around the building and residents said that they could meet with their visitors in private if they wished.

There was a pleasant enclosed garden at the rear of the building which could be accessed from the lower ground floor lounge. Residents and relatives said they enjoyed the garden in the summer months and looked forward to the annual garden party.

The provider had addressed the non-compliance in relation to safety and quality from the previous inspection; however; improvements were still required to ensure bedroom doors would close in the event of a fire.

Regulation 10: Communication difficulties

Residents who had specific communication needs had a care plan in place which described the most appropriate interventions to support meaningful engagement with the resident. Staff knew residents well and were aware of the most appropriate way to communicate with individual residents. Staff had received training in communications as part of their dementia care training. Staff were observed using appropriate verbal and nonverbal communications with residents when offering care and support.

Judgment: Compliant

Regulation 13: End of life

Each resident had a care plan in place which was based on their palliative care needs and which described the interventions required to meet their physical, emotional and spiritual needs. However some improvements were required to ensure the resident and their families participation in making decisions about preferences for end of life care were clearly documented in the resident's records.

Nursing and care staff were aware of the residents' wishes and preferences for end of life care and were respectful of same. One relative who spoke with the inspector commented on the kindness and empathy that they had received from nursing and care staff as their relative reached end of life.

Judgment: Compliant

Regulation 17: Premises

Overall the designated centre was suitable for the number and needs of the residents and supports the care and services provided as described in the statement of purpose. The actions required from the last inspection in relation to the staff smoking area had been implemented. However the inspector noted that grab rails had not been installed in the bathrooms in the top floor suite.

Judgment: Substantially compliant

Regulation 28: Fire precautions

One action from the previous inspection had not been satisfactorily completed. Following the previous inspection the provider had installed sound automated self closing doors on bedrooms throughout the building. On the afternoon of the inspection the inspector noted that this equipment was not working as a number of bedroom doors were propped open with a variety of objects such as waste bins, chairs and a paper wedge. This was addressed at the time of the inspection and the wedges and other objects were removed. However records showed that a number of faults with this equipment had not been reported to maintenance staff working in

the centre in line with the centre's own policies and procedures. As a result essential fire safety equipment had not been reported when in need of repair.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

There were risk assessments and care plans in place for each resident and these were reviewed regularly. Risk assessments and care plans were found to reflect the resident's preferences for care and services. Residents and relatives who spoke with the inspector reported that they were kept informed about any changes in the resident's health and changes to their care plan.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health care was provided to residents in line with their identified health and social care needs. Residents had access to a general practitioner (GP) of their choice. Residents had access to specialist health care services when required.

Judgment: Compliant

Regulation 8: Protection

The centre had comprehensive measures in place to protect residents from abuse. These included staff training in relation to the detection, prevention and response to allegations of abuse. Staff who spoke with the inspector were aware of their role and responsibilities to protect residents. Where concerns had been raised the inspector found that the person in charge and the provider had responded promptly to investigate concerns and had taken appropriate measures to protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights and diversity of individual residents living in the centre were respected. Each resident had the right to exercise choice in their daily lives in the centre and their needs and preferences were taken into account in the planning and delivery of care and services. Staff practices were seen to protect the privacy and dignity of individual residents. The actions in relation to privacy and dignity from the previous inspection relating to bedrooms on the lower ground floor had been addressed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Leeson Park House Nursing Home OSV-0000058

Inspection ID: MON-0021083

Date of inspection: 05/02/2018

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The grab rails have been put in place in the identified area, bathroom top floor penthouse suite. Completed 10 th April 2018.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All residents and their NOK/Visitors will be informed that all bedroom doors must be left closed or left open using the med guard door system, which hold the door open at 90 degrees and closes on the sound of the fire alarm. All staff will be reminded on a daily basis and at handover report to ensure that residents and their visitors are aware of how to manage and operate the doors of their rooms. Staff have been instructed to remove any items in the way if doors found obstructed. To ensure all issues are brought to the attention of the maintenance officer and PIC, the Staff of the nursing home will record all issues in the Maintenance log book at each nurses station. The Maintenance Officer will check this log throughout the day and sign off that he has reviewed and actioned the items listed. All equipment failures are to be recorded by staff using the Digital Incident reporting form, this immediately notifies the PIC and Register Provider Nominee Team of the issues so prompt follow up can be achieved. Presently the Maintenance officer and PIC review all maintenance issues on a weekly basis to ensure all items actioned.	

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 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.	Substantially Compliant	Yellow	10/04/2018
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	01//05/2018