

**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:	OSV-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
Lead inspector:	Angela Ring
Support inspector(s):	Ann Wallace;Gearoid Harrahill;Susan Cliffe
Type of inspection	Unannounced
Number of residents on the date of inspection:	148
Number of vacancies on the date of inspection:	5

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 January 2018 08:00 To: 17 January 2018 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Major
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

Since 2015, HIQA has been engaging with the registered provider on the deficits in the premises and was informed of the plans and works being undertaken to address these deficits, however, to date none of these plans have been progressed and the centre is in breach of their current conditions of registration. In March 2017, the Office of the Chief Inspector proposed to stop admissions to four units of the designated centre (the nightingale style units, Kilgobbin, Kiltiernan, Tibbradden and Enniskerry) until the high level of regulatory non-compliances were addressed. In

response the registered provider made representation to the Office of the Chief Inspector setting out improvements that had been made to the service. Inspectors have reviewed the changes and improvements made in the centre during this and the previous inspection in September 2017.

Whilst some improvements have been made in reconfiguring the premises and reducing bed numbers to allow for space between beds in the nightingale style units, there continues to be significant regulatory non-compliances and areas for improvement across the designated centre. Each of the last nine reports has identified a failure on the part of the registered provider to address the deficits in the physical environment for the purpose of improving the privacy and dignity of residents and their quality of life.

Inspectors reviewed the changes made to the four nightingale units as advised in the provider's response to the last inspection and also reviewed the other five units in the centre. Definite improvements had been made in some of the units, such as deep cleaning and redecorating, placing blinds on windows, making some units more homely, with a better use of the increased space due to some beds being removed. However, it was found that the three bedded areas in the nightingale units still did not fully meet residents' needs, particularly if they required the use of a hoist. This is discussed further in Outcome 12 and 17. Notwithstanding the improvements made in the units, the layout of the nightingale units was still not conducive to residents making individual choices on how they wished to spend their day. They did not allow for some residents to have adequate space for their belongings, to receive personal care in private, to meet visitors and to undertake personal activities in private.

In addition, significant improvements were required in the Woodview Unit where it was found that there were no proper doors on the two toilet facilities, which resulted in residents being visible while using the toilet and a curtain was used instead of a door in the two shower areas which significantly compromised privacy and dignity. There were eight beds in this unit which were very close together with no space for wardrobes beside each bed.

Whilst the nightingale units were found to have a much improved standard of cleanliness, the same standard of cleanliness was not found in some of the other units which posed a risk to infection control.

Inspectors found that the provider had made resources available for increased activities and opportunities for meaningful engagement. Residents had increased access to activities with a staff member assigned to provide meaningful engagement on each unit. However, on the day of inspection, residents were not seen to engage in activities and many were observed to be in bed in the afternoon with little opportunity for engagement.

The action plan response, submitted by the provider to some of the required actions, did not satisfactorily address all of the failings identified in the report. As some of the responses were not acceptable, HIQA have taken the decision not to include these responses in the published report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose (SOP) was viewed by the inspectors. It clearly described the service and facilities provided in the centre. It identified the staffing structure and staff skill mix. It also described the aims, objectives and ethos of the centre.

The SOP is referred to later in the report as it was found that the philosophy of care as described in the report was not found to be carried out in practice.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

Inspectors found that there was sufficient corporate governance and oversight arrangements in place with regular management team meetings to review all aspects of service delivery. The management oversight included robust reporting structures and communication arrangements between the board, the provider representative, the sub committees in the centre, the person in charge and the newly recruited assistant director of nursing. There was a clearly defined management structure that identified

the lines of authority and accountability. However, there continued to be a lack of a cohesive approach to the management of the centre as evidenced by the slow progress in addressing the regulatory non-compliances identified. These include making resources available to address the layout of the nightingale units and the Woodview unit, the consistent provision of meaningful activities and systems to ensure that the centre was thoroughly cleaned and well maintained.

The governance and management arrangements included appropriate, consistent and effective monitoring of clinical issues to ensure the health, safety and welfare of residents were monitored on a continuous basis. There was a comprehensive quality assurance system in place with regular audits being completed and quality improvement action plans with timescales put in place to address any issues identified. Data was collected regularly on a number of key quality indicators such as the use of restraint and the number of wounds to monitor trends and identify areas for improvement. Audits were being completed on several areas such as falls, care planning and assessment, use of restraint and psychotropic medication. The results of these audits were shared with all staff at team meetings and education sessions were also provided to staff to support improvement when identified.

The annual review of the quality and safety of care delivered to residents was being completed for 2017 and the inspectors saw that the provider was in the process of getting feedback from residents and relatives to inform the annual review.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors read the residents' guide and noted that it met the requirements of the regulations and was available to residents.

The inspectors were shown a sample of anonymised contracts after the inspection and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service. The person in charge worked fulltime in the centre and was supported by an assistant director of nursing.

The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. During inspection, he demonstrated sufficient knowledge of the residents and inspectors noted that he was well known to residents, relatives and staff. Several staff reported that he was available and supportive to them and had made positive changes in the centre.

Judgment:

Compliant

*Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.*

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The 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 as required by the regulations. The policies stated the periods of retention for the records which were securely stored. Information requested by the inspectors was readily available.

The designated centre had in place the written operational policies required by Schedule 5 of the regulations.

The inspectors reviewed a sample of staff files and noted that they complied with the requirements in the Regulations and vetting was in place for all staff. Insurance cover was also in place.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The person in charge is supported in his role by an assistant director of nursing who deputises in his absence. The inspectors spoke with this staff member and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the regulations.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, there were good practices in this area to protect residents with some improvements required in care planning to reflect the needs of residents with responsive

behaviours. During the inspection, staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the interventions used by staff. There were policies in place for 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). However the inspectors reviewed residents' files and found that improvements were required to ensure care was consistently provided in a person centred manner, for example comprehensive assessment had not been undertaken to identify possible triggers and alleviating measures to assist staff in fully meeting residents' needs.

A restraint free environment was promoted. Inspectors reviewed the assessments and care plans of residents who were using bedrails and found that details of their use were included and regularly reviewed. A detailed policy was in place and implemented by staff and recent audits showed good levels of compliance. The provider was replacing beds with more appropriate low beds with integrated bedrails to continually improve practice in this area as half rails can be used as a mobility aid. Where psychotropic medications were prescribed, the records reflected the administration of the medication and the rationale for use. Records also showed what alternative interactions had been used by staff prior to the administration of medications.

A review of records showed that staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Residents spoken with confirmed that they felt safe in the centre.

The inspectors were satisfied that finances were managed in a safe and transparent way, guided by a robust policy. Where the service provider acted as a pension agent for residents, pensions were received into a client account separate from the centre's business account. The balance for each resident could be individually identified and tracked. Residents had access to their money when required.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

While there were good systems overall in all areas related to health and safety and risk management, improvement was required to ensure that residents were sufficiently cared

for. Issues related to cleaning and infection control to ensure the health and safety of residents, visitors and staff was also required.

Inspectors met with the person responsible for overseeing the cleaning of the centre and found that the systems of oversight and audit were much improved. These improvements were evident in the significantly improved standard of cleanliness seen in the nightingale wards during the course of this inspection. There was a robust system in place with regular checks and cleaning staff spoken with were clear about their role and infection control procedures

However it remained a work in progress in some of the other units where inspectors found dust on furniture and high surfaces, significant odours emanating from ensuite bathrooms, flooring and tiles in bathrooms were dirty and required intensive cleaning.

The person responsible for cleaning was very clear as to the areas of cleaning for which she was responsible. However other staff were not as clear as to their responsibilities in relation to the cleaning of mattresses, equipment and resident's chairs as a consequence staff who were interviewed could not evidence that these items were cleaned as required and many of the resident's chairs viewed by inspectors were dirty.

The registered provider had addressed the maintenance and décor issues identified on previous inspections in the nightingale wards but this improved maintenance and upkeep was not replicated in other units visited. Issues such as exposed plaster, water damaged ceiling tiles, damage to walls and furnishings had not been addressed in these areas. These issues identified posed a potential risk to infection control. These regulatory non-compliances are actioned under Outcome 12.

In a separate but related issue, the carpet on the stairs in another unit (Clevis) was found to be in poor repair and in need of replacement. Whilst the problem had been identified by the unit manager and the maintenance team, there were no interim measures in place to address the immediate risks the carpet posed to residents and staff whilst a replacement was procured.

Inspectors met with the person responsible for infection control and found that they were aware of best practice and could describe the containment measures in place when any suspected outbreak arose.

There was a health and safety statement in place. The inspectors read the risk management policy which met the requirements of the regulations.

The inspectors read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. Alternative accommodation for residents was specified should evacuation be required. Residents who required evacuation by bed had a sign on the bed stating same. Evacuation routes were unobstructed and keypad locks at final exits were linked to the fire alarm so as to disengage and allow for safe exit.

Robust procedures for fire detection and prevention were in place. Service records indicated that the fire alarm system, emergency lighting and fire equipment were serviced in line with national guidelines. The inspectors noted that fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Fire drills

were carried out twice a year and records were maintained. The person in charge and provider representative agreed to review the frequency of the drills to ensure that all staff on all units had opportunities to engage with the procedure. Staff spoken with were clear on the procedure they would follow in the event of a fire. Training records indicated there was a system in place for ensuring all staff attended training in fire safety and moving and handling.

Inspectors found that there was a low rate of falls and a small number of these resulted in injury. Relevant details of each incident were recorded together with actions taken and there was a monitoring system in place where all incidents were analysed for the purposes of learning and improvement.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed a sample of administration and prescription records and noted that safe medication management practices were in place.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available from the supplying pharmacy and there were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

A secure fridge was provided for medicines that required specific temperature control, however inspectors found that on one unit records of the fridge temperature were not recorded on a number of occasions and as a result the system in place to ensure that medication requiring refrigeration was stored at the correct temperature was not adequate and needed to improve.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Balances checked on inspection were correct.

Judgment:

Substantially Compliant

Outcome 10: 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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that resident's wellbeing and welfare was maintained to a good standard of nursing care and appropriate medical and allied health care was available.

The inspector saw that the arrangements to meet residents' assessed needs were set out in individual computerised care plans. The inspectors reviewed the documentation relating to the management of clinical issues such as wound care and found that the planned care was in line with evidence based guidelines. While there were comprehensive assessment in place, improvements were required in reflecting the residents' wishes and involvement in the care planning process which is a requirement in the Regulation and is the essence of providing person centred care. The inspectors noted there was ongoing work in this area with regular audits and additional training being provided for staff in relation to care planning.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to the centres medical officer or their own general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including physiotherapy, social work and occupational therapy services within the centre. The inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. When required the care plans were updated to reflect the recommendations.

Judgment:

Non Compliant - Moderate

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Inspectors found that improvements had been made in the cleanliness and upkeep of some units and additional space was provided for some residents at their bedside. Blinds had been placed on windows in the nightingale units to block out early morning light. Inspectors found that the new available space in the nightingale units was maximised for the residents benefit in most cases. For example, the rails and curtains for most of the beds that had been removed which allowed for an increased sense of space as the areas had been furnished and redecorated to improve the aesthetics of the area. Bathroom areas in the nightingale units had improved significantly since the last inspection, with washable materials on the walls and ventilation systems being automated.

Despite the improvements made in the nightingale units, the layout and design does not support the residents' right to privacy and dignity and the institutionalized environment was not conducive to providing a home like environment. The needs of some residents in the large multi occupancy units were not met as the lack of space and storage facilities could contribute to unsafe practices and compromised residents' privacy and dignity. When personal and intimate care was carried out at residents' bedsides, there was still only a screen dividing the beds which did not block out noise or odours.

There was also insufficient room to receive visitors and for some residents to sit out by their beds at the same time. Several beds in the nightingale units continued to be in

close proximity and faced one another and the layout of some beds also resulted in residents being visible to all persons entering the ward which significantly impacted on their right to privacy and dignity. Inspectors observed that there was insufficient space for residents who required hoists in the three bedded areas in the nightingale units and this impinged on the bed space for the other two residents in the area.

The statement of purpose (SOP) stated that the philosophy of the centre is "to provide care to residents in a respectful, caring manner in a safe environment which promotes independence and individuality". The findings of this and previous inspections do not support the providers stated philosophy of care particularly in respect of the promotion of resident's individuality and is therefore not providing care and facilities in line with their SOP.

As mentioned in the summary, the Wood view unit did not meet residents' needs, the beds were very close together. In addition, there were no proper doors in the toilet and shower areas to protect people's right to privacy which was completely unacceptable. Feedback from residents and staff confirmed that the area was very tight and residents reported being unable to sleep due to noise from others.

Improvements had also been made in the removal of clutter in the units; however a significant number of chairs continued to be stored in the day/dining rooms which impinged on the attempts made to provide a more home like setting. However, as already stated, there continued to be areas that required further cleaning and maintenance requirements

As found on previous inspections, there continued to be an insufficient number of wheelchair accessible showers having regard for the dependency of the residents. The shower on one unit had been out of use for over four weeks due to infection control issues. Although the problem was being addressed by the person in charge the alternative arrangements that were put into place necessitated residents accessing shower facilities on another unit situated in a separate building.

The communal day/dining rooms and outdoor spaces were not seen to be fully used by staff to provide improved quality of life and a change of environment for residents. For example inspectors observed that the dining areas/lounges were not accessed by residents for long periods during the day and instead residents were observed sitting beside their beds or in the small seating areas on the nightingale units.

Judgment:
Non Compliant - Major

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

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspectors were satisfied that the complaints of each resident or relative including were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy and procedure in place which met the regulatory requirements. A copy of the procedure was on display in the front reception and throughout the centre. A review of complaints recorded to date showed that they were dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. The provider representative maintained an oversight of the complaints management process.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

While the inspectors was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided, improvements were required in end of life care planning processes and the facilities available to ensure that residents' individual needs and wishes could be met.

Having reviewed a sample of care plans and other documentation, the inspectors were not satisfied that residents and relatives had been given the opportunity to outline their wishes regarding end of life care. It was unclear if residents were to be transferred to hospital if they became unwell and the circumstances around resuscitation. In addition, there were very limited single rooms available in the centre to provide additional privacy during end of life care, therefore residents' preferences for a single room at end of life care could not always be facilitated particularly for those in the open plan nightingale units.

The clinical nurse managers told the inspectors that the centre accessed advice and support from the local palliative care team when needed. The specialist team worked with nursing and medical staff to provide end of life care and support for residents and their families. The centre was working towards national best practice guidelines in end of life care and had recently set up an End of Life Care Quality group and had started a

process for end of life reviews with staff and bereaved families to reflect on their experiences and identify where improvements could be made.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found several areas of good practice in the provision of food and nutrition to residents however improvements were also required. Inspectors found that breakfast was not being served in an appropriate and appealing manner in one unit. Food such as porridge and toast was served cold and left uncovered therefore making it unappetising and unappealing.

In contrast, however, inspectors found that lunch was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Efforts were made to make lunch a social and pleasant experience; tables were nicely laid with tablecloths and appropriate condiments, cutlery and crockery. The catering staff were aware of residents preferences and meals that required altered consistencies.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspectors saw that residents had been reviewed by a speech and language therapist and dietician as required and that where allied health care professionals had recommended specific interventions such as specialist diets and thickened fluids these had been recorded in the resident's care plan and relevant staff had been informed.

Judgment:

Non Compliant - Moderate

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. Each resident has opportunities to participate in meaningful

activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Whilst some improvements had been made since the last inspection, further improvements were required in providing a more person centred, less institutional model of care. As mentioned in the summary, inspectors found that several residents were seen to be in bed in the late afternoon and most of the other residents were at their bedside. Inspectors observed that the majority of residents were not engaged in any meaningful activity. This is despite the resources and arrangements that were put in place by the provider and person in charge such as the allocation of a staff member to ensure that residents had an opportunity for meaningful engagement. However, it is acknowledged that a small number were engaged in person centred activities with staff members, particularly in the dementia unit. Some aspects of the activities schedule required review, such as bus trips being listed for the day of inspection despite these being put on hold for the winter season with no alternative replacing the timeslot or being scheduled for residents not going on these outings. Even though there was documentation maintained at unit level of residents' activities, this did not demonstrate a person centred focus for residents on their individual likes and dislikes.

As identified in previous reports, the layout of the nightingale units did not fully promote residents rights to privacy and to undertake personal activities in private, conversations were easily overheard. This was particularly relevant for residents with responsive behaviours, including verbal behaviours which disturbed other residents.

The inspectors were not satisfied that each resident's privacy and dignity was respected in the Woodview unit, this was due to the lack of space between beds and the lack of proper doors on toilet and shower areas. This had been identified as an issue for improvement by the person in charge who assured inspectors that there were plans in place to address them.

Residents' civil and religious rights were respected. Mass took place on a weekly basis. The resident services manager said that residents from all religious denominations were supported to practice their religious beliefs. The inspectors also noted that residents had access to advocacy services through the medical social worker, who was also involved in the regular residents' forum meetings held in the centre.

Judgment:

Non Compliant - Major

*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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

As identified in previous reports, inspectors found that as some beds were still very close together, there was limited space for some residents to personalise the small space around their beds as they only had one small locker and a wardrobe to store personal belongings and display personal items. In the Woodview unit, the beds were very close together and there were no wardrobes provided beside the beds to store residents' belongings. Instead, residents' clothes were stored in presses on the opposite wall to their bed and were not easily accessible.

Despite additional space being available in some units through the reduction of beds, the personal and storage space size of the remaining residents had not increased as a result.

Units had some logs of residents' clothing and personal belongings but many of these had not been updated since they were first written according to staff on the units. The property log for the unit for respite had only one entry for 2017. Therefore comprehensive records were not maintained of residents' property and possessions and there was no system in place to ensure that each resident had access to and retained control over his or her personal property.

Residents could have their laundry attended to within the centre and residents expressed satisfaction with the laundry service provided. Residents' clothing was labelled in a discreet manner.

Judgment:

Non Compliant - Major

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Staff were seen to engage well with residents and seemed to know their needs. However the deployment of staff on one unit did not meet the needs of residents. For example, staff break times needed increased supervision and management to ensure residents' needs were met and prioritised particularly in the morning.

Staff files were up to date and registration numbers were in place for nursing staff. The inspectors reviewed the roster which reflected the staff on duty.

A training matrix was maintained. Training records showed that training had been undertaken and staff spoken with confirmed this. There was a recruitment policy in place which met the requirements of the regulations.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Angela Ring
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:	OSV-0000667
Date of inspection:	17/01/2018
Date of response:	06/03/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was evidence of insufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of

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

purpose.

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

The action plan response, submitted by the provider did not satisfactorily address this failing.

Proposed Timescale:

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Comprehensive assessment had not been undertaken to identify possible triggers and alleviating measures to assist staff in fully meeting residents' needs.

2. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Audits of care plans, including those relating to responsive behaviours, have taken place. Work carried out in 2017 in relation to responsive behaviours resulted in the Provider being awarded a Bursary from the Nursing Midwifery Planning and Delivery Unit. Further training has been provided to staff up to and including 1:1 training and education sessions with the aim of enhancing further the care planning process including those relating to responsive behaviours. This is and will be the subject of ongoing audit and feedback to staff and where specific responsive behaviours which are challenging to manage exist, the Provider has access to external supports to further assist in managing what can be a challenging area of care management .

Proposed Timescale: Complete and Ongoing

Proposed Timescale:

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy did not adequately include the risks associated with the carpet in poor repair on the stairs in the Clevis Unit.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The action plan response, submitted by the provider did not satisfactorily address this failing.

Proposed Timescale:

Outcome 09: Medication Management

Theme:

Safe care and support

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

The system in place to ensure that medication requiring refrigeration was stored at the correct temperature was not robust.

4. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The existing system and process for recording of fridge temperatures has been reiterated to staff on the one unit where unit records were not complete. This will be the subject of ongoing audit across the organisation to provide assurance of ongoing compliance with the requirement.

Proposed Timescale: Complete

Proposed Timescale: 06/03/2018

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:

There was limited evidence of resident consultation and involvement in the development of their care plan.

5. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The Provider carries out regular reviews of care plans in line with Regulation 05(4). Resident and families (as appropriate) have been written to in previous years and in recent months (following consultation with the National Adult Literacy Association (NALA) to ensure ease of understanding using plain English guidelines) encouraging involvement and active participation in the development and review of their care plans. In addition, as part of the ongoing audit process in relation to care plans, the importance of capturing within the care plan documentation the involvement of the resident where possible in relation to their preferences. From audits improvements have been seen in documentation of the consultation taking place and importance of engagement with residents around this has been reemphasised with staff. The Provider would concur with the Authority that this involvement is the essence of person centred care. The Provider will continue to encourage and enable consultation as appropriate and within the constraints of capacity and consent .

Proposed Timescale: Complete and ongoing

Proposed Timescale:

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The design and layout of the premises was not appropriate to the needs of the residents and was not found to be in accordance with the statement of purpose prepared under Regulation 3.

6. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The action plan response, submitted by the provider did not satisfactorily address this failing.

Proposed Timescale:

Theme:

Effective care and support

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

The regulatory non-compliances include are as follows:

- A good standard of cleaning was not maintained in all areas which posed a risk to infection control
- Some units had exposed plaster, water damaged ceiling tiles, damage to walls and furnishings
- Lack of space and storage facilities which compromised residents' privacy and dignity
- Insufficient number of wheelchair accessible showers having regard for the dependency of the residents. The shower on one unit had been out of use for over four weeks due to infection control issues.
- Screens between beds did not block out noise or odours
- Significant odours emanating from some ensuite bathrooms
- Large chairs stored in communal areas
- Insufficient room to receive visitors and for some residents to sit out by their beds at the same time
- Several beds in the nightingale units continued to be in close proximity and faced one another and the layout of some beds also resulted in residents being visible to all persons entering the ward
- Insufficient space for residents who required hoists in the three bedded areas in the nightingale units and this impinged on the bed space for the other two residents in the area.
- The Woodview unit - there were no proper doors in the toilet and shower areas

7. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The action plan response submitted by the provider did not satisfactorily address these failings.

Proposed Timescale:

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

There was insufficient documentation to reflect residents' physical, emotional, social, psychological and spiritual needs and wishes.

8. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

The Provider has recently introduced an updated DNR (Do Not Resuscitate) process

which incorporates the element relating to consent and particularly relating to capacity assessment which aligns with the forthcoming Assisted Decision Making Act. This will assist in the care planning processes. Care planning process is under ongoing audit and end of life care is a key part of this process and as the Authority identified 'caring for a resident was regarded as an integral part of the service'. The CEOL (care at the End Of Life) group review all end of life experiences and this is used to assist in improving the end of life processes which includes where necessary looking to ensure that all residents (and relatives if appropriate) are given the opportunity to outline their wishes regarding end of life care and if the opportunity is declined or unable to be taken up that this is clearly documented.

Proposed Timescale: Ongoing

Proposed Timescale:

Theme:

Person-centred care and support

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

There were limited facilities for the provision of single rooms at end of life care.

9. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

The action plan response submitted by the provider did not satisfactorily address this failing.

Proposed Timescale:

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Breakfast was not given to residents in a manner that was properly served.

10. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

The action plan response, submitted by the provider did not satisfactorily address this failing.

Proposed Timescale:

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was evidence that residents were not consistently provided with opportunities to participate in activities in accordance with their interests and capacities.

11. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A further review of provision of activities at ward level has taken place and the allocated resources for units are now under the supervision and coordination of the Assistant Director of Nursing, with weekly planning and review meetings in place. This will be accompanied by comprehensive and ongoing audit to ensure that the designated resources best meet the ongoing and ever changing needs of the specific residents in each unit. The Provider also provides a comprehensive schedule of group and individual in-house activities at no cost to the resident facilitated centrally by both the occupational therapy and resident services department. Families/friends are encouraged to utilise the grounds and spaces such as the library and coffee dock on a year round basis to spend time and engage with their family member as would be the case if the resident was at home.

Proposed Timescale: 06/03/2018

Theme:

Person-centred care and support

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

The design and layout of some units did not allow residents to undertake personal activities in private.

12. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The action plan response, submitted by the provider did not satisfactorily address this failing.

Proposed Timescale:

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Comprehensive records were not maintained of residents' property and possessions, therefore there was no system in place to ensure that each resident had access to and retained control over his or her personal property and possessions.

13. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

The existing policy has been reinforced with staff. In addition, a review is underway to look to improve, optimise and streamline the recording of resident's property and possessions.

Proposed Timescale: May 18th 2018 – Completion of review

Proposed Timescale: 18/05/2018

Theme:

Person-centred care and support

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

Residents did not have adequate space to store and maintain their clothes and possessions. In the Woodview unit, there were no wardrobes provided beside the beds to store residents' belongings

14. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

The action plan response, submitted by the provider did not satisfactorily address this failing.

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff break times needed increased supervision and management to ensure residents' needs were met and prioritised particularly in the morning.

15. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

The action plan response, submitted by the provider did not satisfactorily address this failing.

Proposed Timescale: