

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Leeson Park House Nursing Home
<b>Centre ID:</b>	0058
<b>Centre address:</b>	10 Leeson Park
	Ranelagh
	Dublin 6
<b>Telephone number:</b>	01-4976500
<b>Email address:</b>	<a href="mailto:leesonpark@silverstream.ie">leesonpark@silverstream.ie</a>
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Shanid Ltd
<b>Person authorised to act on behalf of the provider:</b>	Joseph Kenny
<b>Person in charge:</b>	Veronica Lacey
<b>Date of inspection:</b>	8 May 2013
<b>Time inspection took place:</b>	<b>Start:</b> 09:35 hrs <b>Completion:</b> 18:00 hrs
<b>Lead inspector:</b>	Gary Kiernan
<b>Support inspector(s):</b>	N/A
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	45
<b>Number of vacancies on the date of inspection:</b>	4

## 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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of 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*.**

This inspection report sets out the findings of a monitoring inspection, in which 11 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input checked="" type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input checked="" type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector found a good level of compliance with the requirements 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 People in Ireland*.

While arrangements were in place for the management of health and safety, not all areas of risk in the centre had been risk assessed in accordance with the centres risk management policy. Improvements were also required with regard to the arrangements in place for residents who smoked.

Residents' healthcare needs appeared to be well met. However, some improvement was required in the documentation relating to the use of restraint and wound management. Improvements were also identified in medication management. The number and skill mix of staff did not meet the needs of residents at all times.

There was a system in place to monitor the quality and safety of care. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

These issues are further discussed in the body of the report and 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*.**

#### **Theme: Leadership, Governance and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### **Outcome 1**

*There is a written statement of purpose that accurately describes the service 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.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

#### **Action(s) required from previous inspection:**

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

### **Inspection findings**

The inspector read the statement of purpose and found that it had been drafted in line with the requirements of the Regulations. It had been reviewed and updated since the previous inspection. The inspector found that it set out the facilities provided and the intended aims, objectives and ethos of the centre.

**Outcome 2**

*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.*

**References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Contracts of care were in place and were in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident in accordance with the legislative timeframe following admission. The contracts clearly stated the monthly fee and described the services which were covered by the monthly fee and which the resident could expect to receive. The contracts described those services which incurred additional fees and also outlined the fees.

**Outcome 3**

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

**References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The arrangements for the post of person in charge met the requirements of the Regulations.

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. The person in charge demonstrated a thorough knowledge of her role and responsibilities as outlined in the Regulations and also demonstrated a commitment to continually improving the service. Residents and relatives spoke highly of the person in charge and stated that she was routinely

available to them should they wish to speak to her. The person in charge held a degree in health services management and a Masters degree in public administration. She had maintained her professional development and since the previous inspection had attended short clinical courses in dementia care and nutrition. She had attended an advanced 'Train-the-Trainer' course on the national policy on restraint management. She had also attended advanced training in the area of protection of vulnerable adults from abuse and was responsible for providing this training in the centre.

The person in charge was supported by two senior nurses who shared the post of assistant director of nursing (ADON). Both staff members that filled this post were on leave at the time of inspection.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*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.*

**References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector found that measures were in place to protect residents from being harmed. However, improvements were required with regard to the system in place to safeguard residents' money.

The inspector reviewed the systems in place for safeguarding residents' money. The centre was responsible for safekeeping a small amount of money for only one resident at the time of inspection. A locked, safe was provided for this purpose and it

was accessible to the person in charge and the administrator. Documentation was in place to monitor and record transactions which were signed off by the resident. However, the inspector found that the recording system was not accurate and when the balance of money was checked it was found to be in excess of the recorded figure. While the resident was signing after transactions there was no second signature to witness these transactions. This matter was brought to the attention of the person in charge who undertook to investigate and address the matter.

All residents spoken to said that they felt safe and secure in the centre. Records were in place to show that regular training in the area of recognising and responding to elder abuse took place. The inspector found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff were required to attend this training annually and there was a training matrix in place which showed that this was taking place.

A policy relating to elder abuse and whistle-blowing was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

#### **Outcome 7**

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

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

#### **Action(s) required from previous inspection:**

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

### **Inspection findings**

While some procedures were in place to promote the health and safety of residents, a number of improvements were required. Improvements were required in the emergency plan and to ensure that all areas of risk were identified and controlled in accordance with the risk management policy. Improvements were also required for the management of risk associated with smoking.

There was a safety statement in place and this document had been reviewed and updated since the previous inspection with the aid of a health and safety consultant. There was also a risk register in place which recorded the identified risks for the centre and the associated control measures. There was a centre-specific risk

management policy in place which addressed the risks specified in the Regulations. The policy outlined the procedures for the ongoing identification and management of risks in the centre. The procedures outlined, included the establishment of a health and safety committee and carrying out health and safety checks. The inspector found that there was a health and safety committee which met regularly to discuss issues such as residents at risk of wandering and window security. There were also a series of routine safety checks on issues such as hot water, call bells, window restrictors and equipment. However, the inspector noted that not all risks had been identified and managed in accordance with the policy. For example, the external smoking area and the use of the stair lifts had not been identified and included in the risk register.

The inspector visited the laundry and found that while clean, it was very small. Staff in this area stated that there was insufficient space to adequately separate clean and soiled laundry. The inspector noted that there was only one sink which was obstructed as it was used to hold containers of detergent. There was no wash-hand basin available in this area and the inspector found that this lack of space and facilities could increase the risk of spread of infection. The person in charge stated that the provider had plans, which were at an advanced state, to renovate this area. There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection.

A small number of residents were smokers. There was an external smoking area for residents who smoked and smoking was not permitted inside the centre. Individual risk assessments were carried out for those residents who smoked. However, this information had not been used to draw up a care plan for this need and there was a lack of detail regarding the level of assistance and supervision these residents might require. A smoking apron was provided and was available in the smoking area.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency such as loss of heat, water supply or power. The plan also provided guidance with regard to the evacuation of the centre. However, it failed to provide detail with regard to alternative accommodation and transport for residents in the event that an emergency evacuation was required.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. Neurological observations were carried out in the event of any un-witnessed fall or possible injury to the head. The inspector saw that there was a good falls management system in place and there was a low number of falls in the centre. Each resident's falls risk was routinely assessed and risk reduction measures such as fall alarms, low beds and hip protectors were provided as appropriate. The person in charge had amended the accident form to include a section on learning and preventing further recurrence of the accident or incident. The inspector read the record of a resident who had fallen a few days prior to the inspection and saw that this form had been completed with the suggestion to relocate the resident closer to

the nurses' station for better supervision. While this action not as yet been completed, the person in charge was consulting with the resident to implement this move.

The inspector reviewed the fire safety procedures and found that there were good systems in place. The records showed that the fire equipment including fire detection and alarm system, fire fighting equipment and the emergency lighting system were regularly serviced by an external consultant. There was also a documented, in-house, daily check of all escape routes. A weekly in-house check on fire fighting equipment and the fire alarm system was also carried out. The training records and training matrix showed that all staff had attended annual fire safety training. The inspector spoke to a number of staff who were able to describe the correct procedure to follow in the event of a fire.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were discretely displayed in a location where staff could easily access them.

#### **Outcome 8**

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

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The inspector found that policies and processes were in place for the safe management of medication. However, some improvements were required to ensure all residents' medications were routinely reviewed by the general practitioner (GP).

The inspector reviewed the prescription sheets for a number of residents and found each medication was accompanied by a signature from the prescribing GP. There was an emphasis on avoiding crushed medications and sourcing alternative preparations. As a result crushed medications were not in use at the time of inspection. "As required" (PRN) medications were administered in line with the centre's policy and the maximum 24 hour dose was prescribed for these medications.

There was a system in place to ensure resident's medications were reviewed on a three-monthly basis by the GP in consultation with the pharmacist and nursing staff. However, the inspector noted that this system was not consistently followed in a number of cases. In one case medication was not reviewed in over five months.

Medication management practices were the subject of monthly audits carried out by the person in charge. Regular audits were also carried out by the pharmacy. The results of recent audits showed a high level of compliance with the centre's policy on medication management.

The inspector observed and discussed medication management practices with the nurse on duty. Each medication administered was recorded and signed and the nurse was knowledgeable with regard to the procedure to follow if a resident refused prescribed medications. Records showed that nursing staff received regular training in medication management. A comprehensive policy was in place which guided staff on all aspects of medication management including the administration of PRN medication.

A locked medication fridge was provided and the temperature was monitored and recorded daily. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The inspector noted that a small number of medication errors were recorded. These incidents were recorded in detail and the GP was informed where appropriate. Follow-up action was taken and there was documented evidence of prompt learning and review for all nursing staff following these incidents with the aim of preventing any further recurrence.

The medication policy provided guidance to staff on the management of residents who wished to self-medicate. There were no residents availing of this at the time of inspection.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

**Outcome 9**

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

**References:**

Regulation 36: Notification of Incidents  
Standard 29: Management Systems  
Standard 30: Quality Assurance and Continuous Improvement  
Standard 32: Register and Residents' Records

**Action(s) required from previous inspection:**

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

## Inspection findings

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

### **Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

### **Outcome 10**

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

### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

### **Action(s) required from previous inspection:**

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

## Inspection findings

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.

The person in charge had put a robust system in place to gather and audit information on a monthly basis relating to areas of risk such as nutritional status, falls, incidence of pressure ulcers and the use of restraint. This clinical data was used to identify possible trends and alert the person in charge to residents who were at an increased risk, for example residents who had repeated falls or residents who had significant weight loss. Learning outcomes and targeted interventions for residents were discussed at regular staff meetings and at the clinical governance meetings which were held quarterly.

There was a comprehensive clinical audit which was carried out monthly and was focussed on improving the service. The clinical audit was detailed and covered care planning and other documentation such as clinical risk assessments and the nursing notes. As part of the audit the documentation for six residents was examined in detail each month. The inspector saw that where issues were identified they were promptly communicated to the nursing staff and rectified. The inspector found that

as a result there was a good standard of care planning and documentation was maintained up-to-date.

**Outcome 11**

*Each resident's 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 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.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

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

**Inspection findings**

The inspector found that residents' healthcare needs appeared to be met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, some ongoing improvements were required in the documentation associated with wound care and restraint.

Residents had good access to GP services and out-of-hours medical cover was provided. GPs visited the centre regularly and also attended the quarterly clinical governance meetings. Residents had access to a number of other allied health services including physiotherapy, speech and language therapy (SALT), dietetic services and psychiatry of old age. Chiropody, optical and dental services were also available to residents. The inspector reviewed residents' records and found that results of appointments were written up in the residents' notes.

There was evidence of some good practice in relation to care planning. The inspector reviewed a sample of residents' files and found that on admission, a comprehensive nursing assessment and additional risk assessments were carried out for residents. Nursing assessments were updated at routine intervals and care plans were developed based on residents assessed needs. There was evidence of resident and/or next of kin involvement in the development of care plans. The inspector saw that accurate daily nursing notes were maintained. There was a record of residents' health condition and treatment given completed on a daily basis.

The previous inspection found that improvements were required in the area of wound management. The inspector found evidence that this matter had been addressed. However, some ongoing improvements were required in the documentation. There was a low incidence of pressure ulcers overall. At the time of inspection, one resident had pressure ulcers which had been acquired outside the designated centre. The inspector found that there were detailed care plans in place. Up-to-date wound assessment documentation was in place, however, while some photographs were taken for the purposes of monitoring and tracking, ongoing measurements were not routinely recorded in line with the centre's policy. As a result it was difficult to track the progress of the wound. The person in charge stated that she could access the services of a tissue viability nurse (TVN) when necessary. The inspector saw that this advice had been sought and recommendations were followed.

The previous inspection found that improvements were required in the assessment and documentation for residents who experienced pain. The inspector found that this matter had been addressed. The inspector viewed the records of a resident who sometimes experienced pain. There was a detailed care plan in place to guide pain management for this resident. For example, the care plan included an instruction for the arrangement of bed linen so as to maximise the comfort of the resident. A recognised pain assessment had been carried out and was subject to regular review. The inspector also saw that the resident's pain levels were regularly monitored and details of this were recorded in the nursing notes.

The inspector found that while improvements had been made in the area of restraint, since the previous inspection, some further improvements were required in the documentation. The inspector found that there was a substantial number of bedrails in use. The person in charge was aware of the need to minimise the use of restraint in accordance with national guidelines, and she maintained a restraint register to monitor its use. Other forms of restraint were not in use at the time of inspection. There was a policy in place to guide practice in this area. There was recorded evidence of resident, nursing and GP consultation in the decision to use bedrails. Risk assessments for the use of restraint were carried out. However, this document was not regularly reviewed in accordance with the centre's policy. There was also inconsistent recorded evidence that alternatives to restraint had been considered.

The inspector found some evidence of good practice in relation to the management of behaviours that challenged. The inspector reviewed the records of a resident who had recently exhibited an escalation in behaviours that challenged. Behaviour monitoring records had been implemented in order to identify the triggers to this

behaviour and possible interventions. Meetings had also been held with the resident's family and details of this meeting had been recorded in detail. A care plan had been developed based on this information. The resident had also been reviewed by the psychiatry of old age team and the care plan was appropriately updated. The inspector spoke to the staff involved in the care of this resident and found that they were knowledgeable about meeting the needs of this resident in accordance with the instructions set out in the care plan.

Good practice was noted in the area of nutritional management. Resident's weights were monitored monthly and more frequently where indicated. The person in charge had a system in place to monitor any resident who was identified as being at risk of poor nutrition. Residents who had lost weight were seen by the dietician and supplements were prescribed as necessary.

The inspector found that residents had many opportunities to participate in activities and pursuits appropriate to their interests. There was a comprehensive schedule of activities which was displayed and residents stated that they found these activities varied and interesting. For example, on the day of inspection residents were seen enjoying choir practice, a music session, art class and bridge. Residents also spoke enthusiastically about a recent trip to Áras an Uachtaráin and an upcoming visit to the Botanical Gardens. The inspector met with the activities coordinator who explained that she carried out an activities assessment with each resident and developed an activities plan based on this information. The inspector saw this information in the residents' records. The activities coordinator explained that she also developed a programme of activities for residents who were unable or declined to participate in group activities. Individual activities included pet therapy, hand massage and nail care.

**Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

*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.*

**References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Action(s) required from previous inspection:**

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

**Inspection findings**

There was evidence of good practice in the area of complaints management.

The inspector noted that there was a policy in place which provided guidance to staff on the management of complaints. The complaints procedure was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to the operations manager who acted as the appeals officer for complaints.

The person in charge demonstrated a positive attitude towards complaints. The complaints log was read and the inspector found evidence of good complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

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

**Inspection findings**

The inspector found evidence of good practice in relation to the recruitment of staff however, the level of staffing and skill mix required review.

There was 24 hour nursing cover. Two nurses and eight care assistants were providing care to 45 residents on the morning of inspection. An additional healthcare assistant was also designated to coordinate activities and assist at meal times.

However, in the afternoons the number of care assistants reduced to four. The inspector found evidence that this level of staffing did not meet the needs of all residents. For example, the inspector was required to alert staff after noting that a call bell and a fall alarm for two separate residents had been going off for a prolonged period. Both of these residents were located on a different floor to the nurses' station. Staff were noted to act promptly when this matter was brought to their attention, however, it was noted that the workload after the main meal remained heavy even though staff numbers reduced at this time. Residents, staff and relatives stated there were adequate numbers of staff on duty.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff were encouraged to maintain their continued professional development. The records showed that a range of training had been provided since the last inspection and this included nutrition, dementia care, supra pubic catheterisation and cardio pulmonary resuscitation (CPR) training. There were plans in place to provide intensive five day infection control training for two of the nursing staff.

There was one volunteer who regularly visited the centre to assist at meal times. The inspector found that the person in charge was aware of the need to maintain documentation for volunteers including evidence of Garda Síochána vetting and a written agreement of roles and responsibilities. The inspector found that this documentation was in place for this volunteer.

## **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the person in charge to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

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

### ***Report compiled by:***

Gary Kiernan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

13 May 2013

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report \***

<b>Centre Name:</b>	Leeson Park House Nursing Home
<b>Centre ID:</b>	0058
<b>Date of inspection:</b>	8 May 2013
<b>Date of response:</b>	06 June 2013

**Requirements**

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

**Theme: Safe care and support**

***Outcome 6: Safeguarding and safety***

**The provider is failing to comply with a regulatory requirement in the following respect:**

The arrangements for safeguarding residents' finances required improvement.

**Action required:**

Put in place all reasonable measures to protect each resident from all forms of abuse.

**Reference:**

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All residents' accounts are now audited monthly and any discrepancies are investigated. Two senior staff will sign to confirm the account is balanced and correct. A policy has been put in place to underpin the practice.</p> <p>The finances/valuables are kept in a locked safe in the office of the Director of Nursing and any lodgement and or withdrawal is signed in and out by the Director of Nursing or Person in charge and another staff member.</p>	05 June 2013

***Outcome 7: Health and safety and risk management***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>All risks associated with the centre were not identified and managed in accordance with the risk management policy.</p> <p>The arrangements for residents who smoked required improvement.</p> <p>The emergency plan did not contain all relevant information.</p>	
<p><b>Action required:</b></p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p>	
<p><b>Action required:</b></p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</p>	
<p><b>Action required:</b></p> <p>Put in place an emergency plan for responding to emergencies.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 31: Risk Management Procedures  Standard 26: Health and Safety  Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>A comprehensive Risk Management Policy is in place. The chairlift has been identified and will be risk assessed and documented in the safety statement and placed in the risk register.</p>	30 June 2013
<p>The arrangements for smoking will also be documented in the safety statement and the risk will be assessed and placed in the risk register.</p>	05 June 2013
<p>Residents who smoke will be informed of our smoking policy at the pre admission stage. The individual risk assessment for the resident who smokes is linked to the residents' care plan. The care plan will direct a specific plan of care for the individual smoker. Care staff will supervise any resident smoking as appropriate. The policy on smoking will reflect changes required. A more proactive approach to the dangers of smoking will be highlighted to residents and staff.</p>	30 June 2013
<p>The Internal Emergency Response Plan is being completed providing details of alternative locations and emergency service contact numbers for our residents in the event of an internal emergency which requires evacuation.</p>	12 July 2013

***Outcome 8: Medication management***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Practice in relation to the review of residents' medications required improvement.</p>	
<p><b>Action required:</b></p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  Standard 14: Medication Management</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

<p>Provider's response:</p> <p>Review of Medications: The Director of Nursing will write to the GP's who are non compliant to highlight the impact and the Health Information and Quality Authority's requirements in relation to three monthly reviews of medication and seek their cooperation for the future. it will also be on the agenda at the Clinical Governance committee to ensure stringent monitoring is observed in this regards.</p> <p>Written operational policies in relation to ordering, prescribing, and administration of medicines are in place and are regularly reviewed. A more comprehensive medication audit to inform practice will be implemented.</p>	<p>05 July 2013</p>
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**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Improvements were required in the documentation relating to restraint and wound management.</p>	
<p><b>Action required:</b></p> <p>Provide a high standard of evidence-based nursing practice.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 6: General Welfare and Protection  Standard 13: Healthcare  Standard 18: Routines and Expectations</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Restraint: A more detailed account of the frequency, rationale and outcome of the use of bedrails has been implemented to provide comprehensive clarity in relation to restraint and the consideration of alternatives. All residents are routinely discouraged in the use of bedrails. Low-low beds are in use in the nursing home. However the residents who have bedrails insitu are using them following comprehensive assessment and consideration of alternatives in the first instance. One resident does not require bedrails but he insists on them for "his safety</p>	<p>06 June 2013</p>

and security" Bed alarms which are connected to the call bell system are used for some residents as an alternatives to restraint.	
Wound Care: The documentation on the assessment form will be amended to ensure that ongoing measurements to facilitate tracking will be carried out.	14 June 2013

**Theme: Workforce**

***Outcome 18: Suitable staffing***

<b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b>	
The numbers and skill mix of staff required review.	
<b>Action required:</b>	
Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.	
<b>Reference:</b>	
Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Staffing levels are kept under constant review in accordance with the changing needs of the resident. The dependency levels of the resident is assessed and documented on the daily staff handover information sheet and audited monthly. A review of the staff allocation has been undertaken and consequently a care assistant has been allocated to be stationed on the middle floor following lunch and during the afternoon until 8pm. The Assistant Director of Nursing will ensure compliance and be available to relieve as necessary. The practice will be monitored constantly by the Director of Nursing to ensure the changes are adequate and appropriate to meet the needs of our residents.	12 July 2013