

**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:	0667
Centre address:	Foxrock Dublin 18
Telephone number:	01 2955055
Email address:	info@lph.ie
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Leopardstown Park Hospital
Person authorised to act on behalf of the provider:	Nicholas Kelly
Person in charge:	Elaine Flanagan
Date of inspection:	22 and 23 July 2013
Time inspection took place:	Day-1 Start: 12:30 hrs Completion: 18:30 hrs Day-2 Start: 09:30 hrs Completion: 18:30 hrs
Lead inspector:	Jackie Warren
Support inspector(s):	n/a
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	157
Number of vacancies on the date of inspection:	14

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.

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

This monitoring inspection was unannounced and took place over two days. As part of the inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaints log, policies and procedures and staff files.

The inspector found that the provider and management team strived to provide a high level of health and social care to the residents and demonstrated a strong commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and

the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

While there was evidence of good practice in all areas, some improvements were required.

The inspector was satisfied that the residents were cared for in a safe environment and the person in charge had introduced risk management and fire safety measures.

The person in charge and staff demonstrated a comprehensive knowledge of residents' health and social care needs. The inspector was satisfied that residents' nursing, healthcare and social needs were well met and that a high standard of nursing care was delivered to residents. There was a choice of interesting things for residents to do during the day. However, there was some improvement required in the documentation of care interventions. Some improvement to the complaints procedure was also required. There were generally safe medication practices in place.

There were sufficient staff on duty during the inspection and staff rotas confirmed staffing levels were adjusted to address changes in residents' needs. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The building was clean and comfortable, with some well furnished communal areas available to residents. The four 17 bed units did not comply with the requirements of the Regulations and the Authority's Standards. There was inadequate day space, an insufficient number of accessible toilets and showers available to residents. The provider confirmed that he was committed to complying with all legal requirements and that a plan had been developed to address these matters which was awaiting approval.

Residents and relatives were highly complementary of staff, and of the healthcare, social activities and meals provided in the centre.

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 required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The statement of purpose reflected the service being provided in the centre. It was up to date and included the requirements of Schedule 1 of the Regulations.

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Each resident had a contract of care. The inspector read a sample of the completed contracts and found them to be in compliance with the Regulations. They clearly outlined the fees to be charged, the services which were included in the fee and

other services which were not included in the fee but were available at an additional cost were specified. The contracts viewed were signed by the resident or their representative.

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was well qualified and experienced. Since the last inspection she had completed an MSc in Leadership and Management Development. The person in charge knew all the residents well and was familiar with their care needs and life histories.

There was an assistant director of nursing who deputised for the person in charge in her absence.

Outcome 4

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

References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' GuideSubstantial compliance Improvements required * **Records in relation to residents (Schedule 3)**Substantial compliance Improvements required * **General Records (Schedule 4)**Substantial compliance Improvements required * **Operating Policies and Procedures (Schedule 5)**Substantial compliance Improvements required * **Directory of Residents**Substantial compliance Improvements required * **Staffing Records**Substantial compliance Improvements required * **Medical Records**Substantial compliance Improvements required * **Insurance Cover**Substantial compliance Improvements required *

The insurance policy was found to be satisfactory on the last inspection and was not reviewed on this 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 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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The provider had measures in place to protect the safety of residents, staff and visitors to the centre.

During the last inspection the inspectors found that the emergency plan identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency, including evacuation procedures, emergency accommodation and transport details. The person in charge confirmed that this information had not been changed.

There were robust fire safety measures in place. Staff had received six-monthly training in fire safety and evacuation and this was confirmed by staff and in the training records. The provider prioritised fire safety and it was the centre's policy for all staff to attend fire training twice each year. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, which were displayed throughout the building, provided clear instructions on evacuating the building in the event of an emergency. Each resident had been assessed to establish the most suitable means of evacuation in the event of an emergency and there was a clear pictorial cue at the end of the beds to guide as to the means of evacuation to be used. At the time of inspection the fire exit doors that the inspector viewed were free from obstruction.

Quarterly fire safety audits were carried out by external fire safety consultants.

The inspector viewed the equipment servicing records which showed that all fire safety equipment had been regularly serviced. There was a health and safety officer who held responsibility for fire safety in the building. He carried out weekly internal checks of fire alarms. He was also in the process of developing an emergency

response team and staff were undergoing training for this role. Emergency response kits, including torches, high-viz jackets and walkie-talkies were being assembled. It was expected that the emergency response team would be operational at the end of August.

Staff training records indicated that all staff had received training in moving and handling. Manual handling assessments had been carried out for all residents and were retained in residents' files. Measures were in place to reduce accidents and promote residents' mobility, including safe floor covering and handrails provided in the main circulation areas to promote independence. There was a sufficient number of hoists available for the moving of residents who required this assistance.

Comprehensive and informative guidance on the identification and management of a range of clinical and environmental risks, including all the specific risks required by the Regulations, was available. Four integrated operational policies and a risk register had been developed. These were a risk management policy, an integrated risk management strategy, a risk register policy and guidelines for the management, reporting and investigation of any incidents, serious untoward incidents and near misses. The policies provided guidance on the identification, rating and control of risks and described the responsibility and accountability of staff and the management team. The health and safety officer was responsible for the identification of non-clinical risks and the medical officer assisted in identifying clinical risks. There was a risk management coordinator who kept the risk register up to date and facilitated quarterly risk register meetings with the integrated quality and safety committee.

The environment was clean and well maintained throughout and there were ample supplies of hand sanitising gels for staff, residents and visitors to use. There was a full time infection control nurse employed. She developed and implemented policies and procedures on infection control. She provided in house training and education to all staff appropriate to their grade and role. During the last inspection the inspectors noted that while there was good practice in infection control, one area required improvement. At that time there were no doors on any of the sluice rooms. This matter had been addressed. Doors had been fitted at the entrance to all the sluice rooms and the sluice rooms were suitably secured during the inspection.

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The processes in place for the safe management of medication were generally in accordance with current guidelines and legislation.

There was an up to date medication management policy to guide staff in medication administration practices. At the time of inspection none of the residents self administered their medications.

Since the last inspection a revised medication prescription and administration chart had been developed and was being used on a trial basis in two of the units. The assistant director of nursing stated that the new administration charts would be introduced in other units in the near future. The inspector read some of the new medication administration charts and found that they were clear and legible. They included the required information such as the dose, route and time of medication administration. The prescription sheets were written by the residents' GPs or the medical officers for the centre and each resident's prescription was reviewed and re-issued every three months or more frequently if required. All entries, including prescriptions for crushed medication and discontinued medication, were individually signed by the GPs or the medical officers. There were colour photographs of residents on the administration charts, which the nurse could check to verify identification.

Medications requiring strict controls were stored safely in a double-locked cupboard and stock levels were suitably checked and recorded by nurses. The inspector checked the balance of one medication and found that the balance recorded was consistent with the remaining stock. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

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 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 required from previous inspection:

The action required from the previous inspection was partially completed but required some further development.

Inspection findings

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to medical services provided by two medical officers who were employed at the centre and there was an out-of-hours service available. Residents could retain their own GPs on admission, although most opted to change to the in-house medical officers. A medical officer was present in the centre daily to attend to residents' medical needs and three monthly reviews.

The residents had access to the services of a range of in-house healthcare professionals as required and records of referrals and services provided were maintained on residents' files. Physiotherapists, occupational therapists, a dietician, a speech and language therapist, psychotherapist and a social worker were employed at the centre and their services were available to residents on a referral basis. A wound care specialist was also employed. Audiology, dentistry, chiropody, and optical services were arranged for residents as required. The person in charge could also access psychiatric and gerontological services for residents and the centre had strong links with a palliative care team.

Since the last inspection the person in charge and staff had been working on updating care plans. The inspector viewed a number of residents' files, including those for residents with wounds, weight loss, behaviour that challenged and those using bedrails, and found that some improvement to the documentation was required. Each resident had a comprehensive assessment and a range of additional assessments completed including assessments for mobility, falls, pain, continence,

tissue viability and nutrition. Care interventions had been developed to suit each resident's needs. The care plans viewed were person centred and individualised. The care plan interventions were reviewed three-monthly or as required by the changing needs of the residents. Although the care plans were generally informative and comprehensive and staff were very clear about the required interventions specific to each resident, the documentation of care interventions required improvement in some files. Some of the care plans were not sufficiently specific to guide care. For example, an activity care plan included an activity that staff stated a resident was not interested in and a nutrition care plan stated that a resident should take orange juice 'more often' but did not specify the recommended amount to be consumed daily. In addition, recommended amounts of nutritional supplements were not indicated in some care plans. There was evidence that residents or their relatives had been involved in the development and review of their care plans.

The inspector found wound care was generally well managed. Some residents were assessed as having a high risk of developing pressure ulcers and suitable plans of care including skin care, nutritional supplements and use of pressure relieving mattresses and cushions had been implemented to address this risk. There were adequate assessments, wound progress charts and plans of care in place to track progress of wounds and promote healing. However, the inspector found that, of the sample of files viewed, a wound progress chart had not been completed for a resident who had a wound.

The inspector was satisfied that behaviours that challenged were generally well managed. Care plans were in place for behaviours that challenged and interventions were specified to guide staff. Staff spoken to were clearly able to outline to the inspector possible triggers and suitable interventions to calm a resident and diffuse a situation, which were not documented in every care plan reviewed. In addition, a behavioural log was not being completed as required by the care plan.

The inspector reviewed the management of falls. The person in charge had developed an informative falls prevention policy which had been implemented throughout the centre. All residents were assessed for risk of falls on admission and on a three-monthly basis. Any resident who suffered a fall was reassessed and the resident's care plan was updated appropriately. The person in charge carried out regular falls audits to identify trends and all falls were discussed by the interdisciplinary team to identify falls risks and their control measures.

Weight issues were closely monitored. All residents had a three-monthly nutritional assessment undertaken and weights were monitored and recorded monthly or more often if necessary. Some residents were identified as being nutritionally at risk and care plans had been developed to address this risk. Residents with nutritional difficulties were assessed by the dietician and/or speech and language therapist whose recommendations were incorporated into care plans.

Staff promoted residents' autonomy and independence. Inspectors observed staff encouraging and assisting residents to mobilise and walk throughout the building and in the gardens.

The person in charge told the inspector how she and staff had greatly reduced the use of restraint through assessment, supervision, discussions with residents and use of alternative measures to promote safety. The inspector noted that appropriate risk assessments had been undertaken and there was evidence that alternatives had been considered. Frequent checks were completed and recorded when bedrails were in use. There was a policy in place to guide practice.

The inspector observed residents participating in meaningful activities appropriate to their interests and preferences. There were numerous group activities taking place, facilitated by the occupational therapists. Social assessments had been undertaken and each resident's preferences were documented in their files. This information was then used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to visit the day care unit specifically for people with dementia where appropriate activities took place each day. If they chose not to visit the day centre they could participate in either group or individual activities, for example art classes, films, reminiscence and newspaper readings. A discussion group met regularly in the coffee dock to discuss newspapers, poetry and to reminisce on the old ways of life.

The range of recreational opportunities available to residents also included a library which residents could visit and a mobile library trolley, both of which included an extensive selection of books and magazines, as well as large print and audio books.

Two birds nesting boxes in the gardens had been fitted with cameras and residents had recently watched the young birds being hatched and reared by video link.

There was a washing line in the garden. Facilities were available for residents to wash their own clothes if they wanted to, although none of the present residents chose to do this.

The provider and person in charge made arrangements for the involvement of residents with the local community. There were regular outings, concerts and drama in the hall and an annual fete was held in the grounds each summer.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Actions required from previous inspection:

Ensure the physical design and layout of the premises meets the needs of each resident.

Put in place a sufficient number of baths, showers and toilets having regard to the number of persons in the designated centre and ensure that a sufficient number of assisted baths, showers and toilets are provided.

Provide adequate private and communal space for residents.

Make suitable provision for storage in the designated centre including adequate personal storage for residents.

Inspection findings

During previous inspections, inspectors identified that parts of the centre were not suitable for long-term residential care, in regard to space and facilities, while meeting the privacy, dignity and choice of residents. The management team were acutely aware of the limitations of parts of the building. The provider told the inspector that several options had been considered to comply with regulatory requirements and that a long-term strategic plan had been developed and was awaiting approval.

The design and layout of the building presented many challenges in complying with the Regulations and the Authority's Standards. The inspector noted inadequate day space, institutional bedroom accommodation and a lack of private space for residents to meet visitors. There were inadequate numbers of toilets and showers to meet residents' needs.

Some residents had no means of enjoying quiet time or having private discussions with staff or visitors. The provider had taken measures to maintain as comfortable an environment as possible in the 17 bed units. There were dining rooms used for both dining and leisure, situated adjoining each of these units, and there was a small seating area within each unit where some residents sat to chat, read and watch television. Screening curtains were fitted around all the beds in shared rooms and staff had assisted residents to personalise their own space with photographs, pictures, soft toys and ornaments. The wardrobes in the large rooms were small and could only store a limited amount of residents' clothing and belongings. The person in charge explained that there was an alternative storage area for residents' belongings which could not be stored in their wardrobes.

Residents had access to additional communal space throughout the building. There was a well-equipped large hall, which was used regularly by residents. It featured a stage and a very large screen, which provided a cinema/theatre atmosphere. There was also a well stocked library and a chapel where religious services were held. Since the last inspection a new pharmacy room had been provided, which was spacious, organised and temperature controlled. A new treatment room was being finalised, to provide privacy to residents, while undergoing medical or health care examinations or consultations.

There was inadequate storage space in the centre. The inspector saw that there was assistive equipment stored in a bathroom.

The building was a non-smoking building and there was a designated outdoor smoking area which residents could use if they wished to smoke. The area was partially sheltered, secure and was furnished with tables and chairs. Some residents who were not smokers also chose to sit in this area. The provider spoke of a plan to renovate this area to provide a more comfortable environment.

Residents had access to secure enclosed gardens, as well as extensive landscaped grounds surrounding the building. There was a well-planned sensory garden, which was accessible to residents with dementia. It featured safe pathways where residents could wander, plentiful seating and tables, raised flower beds, and a reminiscence post box and bus stop.

The building was bright, clean and well maintained throughout. Equipment such as hoists, weighing scales and central heating boilers were regularly serviced and service records were up to date. Corridors were wide with handrails fitted on both sides.

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector found evidence of good complaints management. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

The complaints procedure was clearly displayed and outlined the name of the complaints officer and details of the appeals process.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff and how complaints would be managed. However, it did not include details of the person responsible for reviewing the complaints log to ensure that it was suitably completed and up to date.

The inspector reviewed the complaints log and found that details of complaints, action taken, outcomes and details of whether the complainant was satisfied or not with the outcome were documented. All complaints to date had been acted upon.

Outcome 15

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 discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

During the previous inspection the inspectors found that residents were not offered adequate choices at mealtimes. On this inspection the inspector found that this issue had been addressed. There were a range of choices offered to residents for each meal, including a healthy option for both midday and evening meal. Meal choices were discussed with residents the previous evening and they chose what they would like for their lunch the following day. Staff who spoke with the inspector knew the residents well and were familiar with their nutritional needs, such as gluten-free, diabetic and low fat diets. Modified consistency meals were prepared for some residents and the ingredients were presented in separate portions which had been shaped using reflective food moulds. The inspector observed staff assisting residents appropriately and chatting to them in the dining room.

Menus were displayed in the communal areas and were placed on each table in the dining rooms.

Drinks and snacks were available to residents throughout the day, and in the evenings the chef supplied a selection of healthy snacks such as sandwiches, yoghurts, home baked products to the unit kitchenettes for residents who wanted something to eat later in the evenings or at nighttime.

Since the last inspection, 'catering to order' had been introduced in two of the units. Food was brought to these units in catering trolleys and was plated in the dining room, giving residents the opportunity to choose exactly how they wanted their meals served, such as portion sizes and whether sauces were added to meals or not.

Food was presented to a high standard and residents told the inspector that they enjoyed their meals.

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector found that the staffing levels and skill-mix at the centre were sufficient to meet the needs of residents. The person in charge told the inspector that staffing levels were based on the assessed health, social and personal needs of residents using a validated tool and her own clinical judgment. There were clinical nurse managers, nurses and care staff based on each ward. There were a range of health care professionals employed at the centre, such as a physiotherapist, an occupational therapist, a dietician, a speech and language therapist, a social worker and a wound care specialist, in addition to a health and safety officer and maintenance staff. The person in charge and the assistant director of nursing were on duty each weekday to support and supervise staff. Staff told the inspector that they found this staffing level satisfactory and confirmed that staffing levels were adjusted as required. The inspector observed staff being attentive to residents, while performing their duties in a timely manner.

Records indicated that staff had received a variety of training. For example, since the last inspection staff had received training in elder abuse, restraint management, medication management and CPR. All staff had also received up-to-date mandatory training in fire safety and manual handling.

The inspector examined a sample of staff files, all of which were in line with legal requirements and contained all of the information required by the Regulations, such as evidence of the employee's mental and physical fitness, photographic identification, three references and Garda Síochána vetting.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and 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, provider and staff during the inspection.

Report compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

6 August 2013

Provider's response to inspection report *

Centre Name:	Leopardstown Park Hospital
Centre ID:	0667
Date of inspection:	22 and 23 July 2013
Date of response:	20 August 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: Effective care and support

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect:

Some of the care plans were not sufficiently detailed to guide care.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan

* 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>Following detailed work on care planning process and training of those completing same in 2012, further core care plans have been formulated and individualised for each resident. Each Clinical Nurse Manager of each individual unit will audit the care planning process, developing an action plan when any deficiencies are identified. This process will continue to be repeated on an ongoing basis to ensure comprehensive care plans that guide individual care are continuously in situ.</p>	<p>20/8/2013</p>

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The physical environment presented a major challenge to the provider in complying with the requirements of the Regulations and the Authority's Standards:</p> <ul style="list-style-type: none"> ▪ the design and layout did not meet the needs of residents ▪ there was inadequate private and communal space for residents ▪ there were inadequate numbers of toilets and showers in some units to meet the needs of the residents.
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident.</p>
<p>Action required:</p> <p>Put in place a sufficient number of baths, showers and toilets having regard to the number of persons in the designated centre and ensure that a sufficient number of assisted baths, showers and toilets are provided.</p>
<p>Action required:</p> <p>Provide adequate private and communal space for residents.</p>
<p>Action required:</p> <p>Make suitable provision for storage of equipment.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The strategic plan has been developed and forwarded to all stakeholders indicating how the hospital will comply with the regulations requirement regarding safe and suitable premises.</p>	July 2014

Theme: Person-centred care and support

Outcome 13: Complaints procedures

The provider is failing to comply with a regulatory requirement in the following respect:	
<p>The complaints policy did not include details of the person responsible for reviewing the complaints log to ensure that it was suitably completed and up to date.</p>	
Action required:	
<p>Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).</p>	
Reference:	
<p>Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The complaints policy now indicates the nominated person, independent to the person nominated in article 39 (5) available to ensure all complaints are appropriately responded to and the person nominated under article 39 (5) maintains the records specified under article 39 (7).</p>	20/8/2013