



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Lexington House
Name of provider:	GN Lexington Property Ltd
Address of centre:	Monastery Road, Clondalkin, Dublin 22
Type of inspection:	Unannounced
Date of inspection:	15 December 2022
Centre ID:	OSV-0007910
Fieldwork ID:	MON-0038428

About the designated centre

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

Lexington House is a residential care facility that will provide extended/long term care, respite and convalescence to adults over the age of 18 with varying conditions, abilities and disabilities. Lexington House can accommodate 92 residents, and is located in Clondalkin village. It is within walking distance of the main village and the amenities available. There are 82 single bedrooms and 5 double bedrooms, all of which have en suite facilities. 24-hour nursing care will be provided to all residents, which will be facilitated by a team of registered nurses with support from healthcare assistants. The overall nursing care will be monitored and supervised by the nursing management team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 December 2022	09:15hrs to 16:00hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. There was evidence to show that residents were offered choice in key aspects of their care. This included discussions on what activities residents would like to be provided, the choice of food available for residents and on how residents would like care support to be provided to them. There were robust communication systems in place to ensure that residents were kept informed regarding key events in the centre. There was good use of notice boards to update residents on the availability of activities, access to advocacy and on how to register a complaint. In addition, resident meeting records confirmed that residents were communicated with on a regular basis.

A review of the designated centre's annual review of quality and safety for 2021 confirmed that residents and their families were consulted about the quality of services provided. As a result of this consultation improvement plans were identified for 2022 to maintain and improve upon the quality of services provided.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to take in order to achieve compliance with the regulations from the previous inspection in September 2021. Upon arrival the inspector was guided through the centre's infection prevention and control procedure which included symptom checking, monitoring of temperature, and the use of personal protective equipment (PPE).

The centre had experienced an outbreak of COVID-19 in the weeks prior to the inspection however at the time of the inspection the designated centre was COVID-19 infection free. The management team reported that the residents were stable and that contingency plans worked well in the management of the outbreak.

The centre was located over three floors which are serviced by lifts. Resident's who required long term care were living on the ground floor while residents who required short-term care were living on the middle floor. The third floor was unoccupied at the time of the inspection. Communal areas of the centre were tastefully decorated with many areas adorned with Christmas decorations. The designated centre was well-maintained, all areas observed by the inspector were clean and odour free. There was regular maintenance personnel on site to attend to items that required repair. Residents confirmed that their room environments were well-maintained and that staff carried out regular checks to ensure their rooms were in good repair.

Residents who spoke with the inspector expressed satisfaction with the care and attention provided by the staff team. Resident's told the inspector that staff were very helpful and dedicated to their role. Those residents who met the inspector confirmed that they felt safe living in the centre and that they could discuss any concerns they had with any member of the team. A number of staff and residents interactions were observed, residents who had communication needs were

supported by staff in a positive manner. Resident's were given time and space to make their views known. These interactions confirmed that staff were aware of resident's needs and were able to respond to those needs in a constructive manner. Residents who walked with purpose were supported by staff in a dignified manner and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

During a walkround the inspector observed residents attending a mass service while others were engaged in either group activities or following their own individual routines. There was a varied activity schedule in place which covered the entire week. Communal rooms were well set up to provide activities for the resident's, there was equipment in place to provide music and arts & crafts activities. Most communal areas displayed pictures of residents engaged in either group or individual activity. At the time of the inspection residents received an organised visit by students from a local school. Observations confirmed that residents enjoyed this visit very much with many residents observed chatting with the visiting students.

Residents told inspectors that they enjoyed the food provided. There were two sittings available for residents to attend at lunch times. The menu on the day of the inspection consisted of an option for corned beef or lamb stew. Residents told the inspector if they did not like the choice of food available then they could request an alternative meal.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. There were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement. There were however some areas of current practice that required actions to ensure that existing systems identified all areas that required improvement, these areas are described in more detail under training and development and fire safety.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the inspection carried out in September 2021. The designated centre is operated by GN Lexington property Limited trading as Lexington House. At the time of the inspection there were 67 residents living in the designated centre, 37 long term residents living on the ground floor and 30 residents living on the first floor under the Short Stay

Transitional Care agreement with the Health Service Executive (HSE).

There was a clearly defined management structure in place that identified roles and responsibilities within the designated centre. The person in charge was supported by a team of clinical nurse managers (CNM), staff nurses, health care assistants, activity staff, household, physiotherapist and maintenance personnel. In addition, the registered provider played an active role in the running of the centre. Staff spoken with had a good awareness of their defined roles and told the inspector that management was supportive and accessible on a daily basis. This inspection was facilitated by one of the centre's clinical nurse managers, the person in charge was however, available for the inspection feedback session.

The provider implemented a systematic approach to monitoring the quality and safety of the service provided to residents. This included, a schedule of clinical, environmental and operational audits. Where improvements were identified, action plans were developed and actioned within defined timelines. A review of the current system to monitor and evaluate the effectiveness of simulated evacuations was required. The information recorded in the simulated evacuations reviewed on the day of the inspection was limited and did not provide sufficient detail in order for it to be evaluated.

The registered provider maintained sufficient staffing levels and an appropriate skill mix across all departments to meet the assessed needs of the residents. Observations of staff and resident's interactions confirmed that staff were aware of residents needs and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster they were filled by existing team members however management confirmed that agency cover could be sought if needed.

Records confirmed that there was a high degree of training provided in this centre. This was provided either on-line or by face to face training. There was a focus in this centre in promoting staff development by offering courses in their online training academy. While the majority of staff had completed their mandatory training prior to taking up employment, three newly recruited staff members had started work without having this training done beforehand. Post inspection the provider confirmed that these staff had successfully completed this training.

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. Eight complaints were recorded since the last inspection and all were seen to be resolved within the specified timescale as outlined in the complaints policy. The provider was keen to learn from complaints and to identify patterns that may impact on the quality of the service provided.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector in the centre and additional records submitted post inspection confirmed that staff had completed a selection of online and in-house training activities. The majority of staff had completed their mandatory training in moving and handling, fire safety and safeguarding training. Three members of staff who recently joined the company had yet to complete their safeguarding training at the time of the inspection. The provider submitted confirmation post inspection that this training had been completed.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Systems that monitor mandatory training did not identify three staff members who did not have safeguarding training in place prior to commencing in their role in the centre.
- The evaluation of evacuation drills was not sufficiently robust to provide the necessary assurances that all residents could be evacuated in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which set out the services that were offered by the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of positive health and social care outcomes and that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that resident's voices were being heard in this centre.

The provider had made improvements to their care planning processes since the last inspection in September 2021. Care plans for long term and short term residents had been altered to reflect the levels of intervention made. Short term care residents' care plans now more accurately described interventions that were required to assist resident's independence or rehabilitation. While at the same time residents who were in receipt of long term care had interventions that met their ongoing care needs.

Residents had access to a range of health care services, which included a general practitioner (GP) service, support from a geriatrician, and an in house physiotherapist. There were arrangements in place for residents to access allied health care services such as dietitians, speech and language therapists and tissue viability nursing (TVN) to provide support with wound care if required.

Staff and resident interactions that were observed by the inspector and were found to be supportive and positive. The provider had maintained good levels of communication with residents ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were informative and covered topics such as resident care, food and catering, resident activities and infection prevention

and control issues. In addition to the structured resident meetings the provider kept residents informed either verbally or through regular written communication. Residents' right to privacy and dignity were respected, staff were observed to knock on resident's doors prior to entry and explained to the residents the purpose of their visit. There were opportunities for residents to engage in the activity programme in-line with their interests and capabilities. Residents were seen to engage in planned activities throughout the day while other residents pursued their own individual interest either in communal areas or in their own room.

There were no restrictions on visits at the time of this inspection, residents were observed receiving their visitors either in their own bedroom or in communal areas.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred. The management team were clear on the steps to be taken when an allegation was reported. The majority of the staff team had all completed relevant training and were clear on what may be indicators of abuse and what to do if they were informed of, or suspected abuse had occurred.

The provider maintained a restraint register. The inspector found that the provider was working towards a restraint free environment, there was a low use of chair and bed alarms. At the time of this inspection there was no bed rails in use in this centre.

The provider had taken precautions against the risk of fire in order to protect residents in the event of a fire emergency. A number of records relating to fire safety were found to be well-maintained, these records included, maintenance of the fire alarm system, certificates of servicing, records also confirmed quarterly checks on emergency lighting and on fire extinguishers. The provider maintained and updated residents personal emergency evacuation plans (peeps) which were updated at least every four months or as and when residents mobility needs changed. There were also records to confirm fire drills and simulated evacuations were being conducted by the provider however, some improvements were required regarding documentation for simulated evacuations. A review of these records found that the description of the evacuation did not refer to residents mobility requirements or refer to the fire compartment they were being evacuated to. This information would have provided information on the effectiveness of the evacuation carried out and provide valuable opportunities to learn from this process.

The design and layout of the premises provided residents with sufficient communal and personal space to be able to enjoy their lived environment. The centre was well maintained and there were arrangements in place for on-going maintenance. Communal rooms were tastefully decorated and were set out to promote social engagement. There was a secure garden where residents could enjoy outside space. This area was well-maintained and was seen to be used by residents during the inspection. There was suitable garden furniture in place for residents to use and

enjoy this space.

There was sufficient storage in this centre which allowed for the segregation of clinical and operational items to be stored separately. There was regular monitoring of these areas through audits and daily observations. The laundry and sluice rooms were clean, and well-maintained and a review of cleaning records confirmed that all areas of the centre were regularly cleaned. There were service records available to show that equipment was maintained and serviced. The centre's infection prevention and control measures were subject to regular review and discussed regularly at governance meetings.

Regulation 11: Visits

Visits were seen to take place in line with visiting guidelines. Visitors were seen attending the centre throughout the inspection. Discussions with residents and visitors confirmed that they were satisfied with the arrangements that were in place. Staff were observed checking visitors' temperatures and guiding them through hand hygiene practices upon entry to the centre.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register was comprehensive and detailed. Risks were kept under review by the person in charge and were reviewed and updated on a regular basis. The risk register identified risks and included the additional control measures in place to minimise the identified risk.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). Regular resident and staff meetings ensured that all were familiar and aware of the ongoing changes to guidance from public health and the HSE.

Regular audits of infection prevention and control, environment and hand hygiene found good levels of compliance; the inspector also noted that staff were seen to perform hand hygiene and wear PPE at appropriate times while caring for residents.

The centre was clean and well-maintained. Effective cleaning processes were in place to support and maintain high levels of cleanliness.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place to protect residents in the event of fire which included the maintenance of fire systems and regular review of fire precautions. While there is good oversight of fire safety in this centre, records describing simulated evacuations did not provide assurances that they were sufficient in the event of a fire emergency for example, evacuation drill records

- Did not identify which compartment residents were being evacuated to.
- Did not provide a description of residents evacuation requirements.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had timely access to medical and allied health care professionals. There were also arrangements in place for out of hours medical support for the residents. The registered provider ensured that there was a high standard of evidence based nursing care in accordance with professional guidelines.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse. A review of records relating to one safeguarding incident found that the registered provider ensured that this incident was investigated promptly in line with their safeguarding policy, and that appropriate measures were identified and

implemented to protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lexington House OSV-0007910

Inspection ID: MON-0038428

Date of inspection: 15/12/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The three members of staff that had recently joined the company and had no safeguarding completed at the time of inspection, completed their training within the 48 hours post inspection.</p> <p>New staff joining the company will be added to the online training platform to initiate their mandatory training before their starting date.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Human Resources personnel will be monitoring the staff’s mandatory training prior to commencing in their role in the centre and will issue a report to the PIC before their day of commencement.</p> <p>An audit on the fire management procedures will be completed, based on the “Fire Safety Handbook” (HIQA, 2021) by three different senior staff members including the Registered Provider, the Person in Charge and the Health and Safety Representative to ensure that the systems in place are sufficient to ensure the services provided are safe, appropriate and consistent.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire compartments will be renamed by an external fire consultant to facilitate the identification of compartments by name. Since the day of inspection, the records describing simulated evacuations during the fire drills identify which compartment residents were being evacuated to and provide a description of residents' evacuation requirements.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	17/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures,	Substantially Compliant	Yellow	30/04/2023

	building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
--	---	--	--	--