



# 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:	Announced
Date of inspection:	18 September 2023
Centre ID:	OSV-0007910
Fieldwork ID:	MON-0041074

## 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:	78
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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
Monday 18 September 2023	09:10hrs to 17:10hrs	Karen McMahon	Lead
Monday 18 September 2023	09:10hrs to 17:10hrs	Lisa Walsh	Support

## What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents living in the centre received a high standard of quality and personalised care. The overall feedback from the residents was that the centre was a lovely place to live with comfortable surroundings and friendly staff.

On the day of the inspection the inspectors were met by the person in charge, the assistant director of nursing and one of the company directors from the registered provider. The living area of the centre is spread over three floors. While touring the premises, the inspectors observed that all the floors were clean and well-maintained.

Residents' bedrooms were observed to be bright, spacious and comfortable.. Many residents had personalised their rooms with photographs and personal possessions. There were five twin occupancy rooms which were laid out to ensure the residents living in these rooms had their privacy and dignity maintained at all times.

The corridors were colour co-ordinated to help orientate residents to their surroundings. Each floor had a selection of comfortable communal spaces for the residents to use and provided a choice of both social and quiet spaces for the residents. There was a hair salon on the top floor, where hairdressing services were available at least one day a week.

On the ground floor there was a large safe enclosed garden for residents to access. There was multiple unrestricted entrances on the ground floor to access the garden. The garden was well maintained and had suitable pathways for wheelchair access. A water feature in the middle of the garden, provided a pleasant view for residents. There was a safe smoking area, with call bell facilities, for residents who smoked.

The first and second floor had lovely terraces with appropriate outside furniture that provided safe outside spaces for residents to use. Each terrace also had an area for smokers with call bell facilities and safety equipment. Ample storage facilities were provided in the centre and all storage rooms were clean and tidy. Each floor had its own dining room. The rooms were bright and tastefully decorated with comfortable seating for residents to use. The dining tables were well laid out and well-presented with nice table coverings. Each table had a menu on it which informed residents about the meal choices that day. There were two choices for dinner and a hot and cold option for tea time. Both the dining rooms on the ground and first floor had two lunch sittings daily to facilitate all the residents who chose to eat there.

The inspectors observed that dinnertime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The food was served up fresh in the dining room and residents could choose how much food

they wanted on their plates. Food was cooked fresh in the centre. There was an appropriate level of supervision and help for residents who required it.

Throughout the day of inspection activities were observed taking place on all floors. There were reminiscence activities and music and dancing activities to name just a few on the day. In the afternoon, in the main sitting room on the ground floor, there was live music provided by an opera singer, a cellist and a keyboard player. Many residents and visitors were observed to be enjoying the lovely music. Residents were also seen to be engaging and singing along.

The inspectors spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. Residents were in agreement that the food was great and "you wouldn't get as good as food in a hotel". One resident said "oh the staff are great, they can't do enough for you". Some residents availing of respite services in the centre said it was like coming in to a hotel and they loved coming here.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However, some gaps around documentation were identified that required improvements. The registered provider had also failed to recognise two allegations of financial theft as financial abuse and had not reported them under the regulatory notification requirements.

This was a one day announced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There was a clear governance and management structure in place in the centre. The person in charge was supported in their role by an Assistant Director of Nursing and Clinical Nurse Managers. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff. The registered provider was GN Lexington Property Ltd.

Policies were in place, in accordance with Schedule 5, and were seen to be reviewed and updated. There was a health and safety statement and a risk management

policy in place. A comprehensive directory of residents was available to review, in electronic format. A copy of the resident's information booklet was supplied to the inspectors, for review. The guide included a summary of the services and facilities in the designated centre, the terms and conditions relating to residence and the arrangements for visits. It had also been recently amended to reflect recent regulatory changes. There was also a selection of comprehensive booklets on different topics available to residents including slips, trips and falls, restrictive practise and end of life.

Records reviewed on the day, contained the prescribed information set out in the regulations and were stored on-site. There was a detailed policy in place for the storage and safe destruction of records.

There had been a failure to recognise a peer to peer incident as an episode of physical abuse and a further failure to recognise two allegations of financial theft as incidents of alleged financial abuse. This failure to recognise incidents of abuse had meant no three day notifications had been submitted, as required, to the office of the chief inspector. This is further discussed under Regulation 31.

#### Regulation 19: Directory of residents

The registered provider had established a Directory of residents and ensured it was maintained in line with the regulatory requirements.

Judgment: Compliant

#### Regulation 21: Records

A review of a sample of personnel records indicated that the requirements of Schedule 2 and 4 of the regulations were met. All records were stored on site in line with regulatory requirements.

Judgment: Compliant

#### Regulation 22: Insurance

The registered provider had an insurance policy in place which included loss or damage to residents' property. Residents were informed of this cover in their contracts of care.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

The annual review for 2022 was reviewed and it met the regulatory requirements.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts of care were clear and concise. The terms and conditions were clearly outlined including the room number and occupancy, fees and additional charges for other services that residents may choose to avail of.

Judgment: Compliant

### Regulation 31: Notification of incidents

The registered provider had failed to notify the Chief Inspector of Social Services of two incidents of alleged financial abuse and one peer to peer incident of physical abuse.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints policy and procedure had recently been reviewed and updated to reflect the recent regulatory changes.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had up-to-date policies and procedures on matters set out in Schedule 5. The documents were available to staff in folders in the nursing station areas throughout the building.

Judgment: Compliant

## Quality and safety

Overall, residents appeared happy living in the centre and their health, social care and spiritual needs were well catered for. The inspector found that the registered provider had taken appropriate measures to ensure a safe and high quality service was provided to the residents at all times. Residents were well supported by staff and were able to choose how they spent their day.

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. Residents had access to televisions, radio and daily newspapers.

Residents had appropriate storage to safely store their clothing and personal possessions and had access to a locked drawer in their rooms. Clothes were laundered on site and a clear procedure was in place to ensure the safe return of laundered clothing to residents. Linen was laundered with an external

contractor. There was sufficient storage in this centre which allowed for clinical and operational items to be stored separately.

Residents who required transfer to hospital had all relevant documents, including a nursing transfer letter, a general practitioner (GP) letter and a list of current medication, sent with them. Any changes to care were reflected in the residents care plan, on return to the centre. Transfer documents were saved to the residents file.

Pharmacy services were provided by an external contractor who supplied a digital system of medication administration and provided support and services around pharmaceutical training, policies and medication audits. Fridge storage for medication had a record of daily temperature recordings.

Residents with communication issues had access to specialist services including speech and language therapy, audiology and ophthalmology. However the care planning around a residents individual needs required review. This is further discussed under Regulation 10, Communication.

### Regulation 10: Communication difficulties

Residents had care plans in place for their communication needs, however, two care plans reviewed did not always reflect the residents communication requirements. For example, staff verbally described a residents communication needs and this was not reflected in the care plan.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Residents had adequate storage and space for personal possessions and were encouraged to retain control over their personal property, possessions and finances. Appropriate laundry facilities were offered on-site.

Judgment: Compliant

### Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents family and friends were facilitated to be with the resident during their end of life care, in line with the resident's wishes.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider produced a residents' handbook, which provided information about the services and facilities available, terms and conditions of residing in the designated centre, complaints, visiting and information regarding independent advocacy services.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

On transfer all relevant information about residents was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and stored in residents' individual files.

Judgment: Compliant

### Regulation 26: Risk management

An appropriate risk management policy was in place and in accordance with regulation.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted the residents through survey and regular residents meetings on the organisation of the service. Residents were facilitated to exercise their civil, political and religious rights.

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
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Lexington House OSV-0007910

Inspection ID: MON-0041074

Date of inspection: 18/09/2023

## 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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The three incidents identified during the inspection had been recognised by the Registered Provider and PIC and had been thoroughly investigated as either a complaint or an incident. This documentation was shown to the inspectors on the day of inspection.</p> <p>Lexington House takes all safeguarding incidents extremely seriously and had investigated all three incidents in detail. We acknowledge that the statutory notifications had not been sent to the Authority within three days as they had not been classified as safeguarding incidents but as complaints and incidents. The importance of identifying safeguarding incidents will be emphasized in staff safeguarding training going forward.</p> <p>All three notifications have now been submitted to the Authority and we can assure the Authority that all notifications will be notified in the future.</p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>All residents care plans have been reviewed and updated to reflect residents' current communication needs. This is something that will be audited by senior management going forward.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident’s care plan prepared under Regulation 5.	Substantially Compliant	Yellow	10/11/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	10/11/2023