



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

## Issued by the Chief Inspector

Name of designated centre:	Larchfield Park Nursing Home
Name of provider:	Larchfield Park Care Centre Limited
Address of centre:	Monread Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	24 August 2022
Centre ID:	OSV-0000056
Fieldwork ID:	MON-0036542

## About the designated centre

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

Larchfield Park Nursing Home is a purpose-built single storey centre located in a busy town. It caters for up to 70 people, with 66 long-stay beds available and four respite beds. Care can be provided for residents over 50 years of age although predominantly for residents over 65 years of age. Larchfield Park provides long term care, respite care and post-operative convalescent care. It provides care for adults with general care needs within the low, medium, high and maximum dependency categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. Rooms are either single or shared and some of the rooms have full en-suite facilities while some have shared en-suite facilities. Others have en-suite toilets and wash hand basins. There are several sitting rooms and seating areas located around the centre. Kitchen, dining room and laundry facilities are provided. The environment was homely, well decorated and in a style which was comfortable. Residents had access to safe and accessible enclosed courtyards and mature grounds with a seating area and parking to the front of the building. According to their statement of purpose the centre aims to provide a high standard of personal and social care to older people, in a residential setting so that each person is enabled to live as fulfilling and independent a life as possible.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	50
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## How we inspect

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
Wednesday 24 August 2022	09:00hrs to 17:40hrs	Arlene Ryan	Lead

## What residents told us and what inspectors observed

The overall feedback from the residents living in Larchfield Park Nursing Home was positive. The nursing home had a very homely feel and was clean and bright. Residents and visitors were happy with the overall level of services provided to the residents and were very complimentary of the staff.

On the day of inspection the inspector was met by the reception staff and a clinical nurse manager. The monitoring of temperatures and signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting the inspector did a walk around through different areas of the nursing home with the director of nursing and had the opportunity to speak with residents, visitors and staff. The nursing home was divided into three units, Willow, Maple and Oak Wings. The Willow Wing had predominantly been used as an isolation wing during the COVID-19 pandemic and was now returning to regular use.

The nursing home had a nice welcoming feel and both residents and staff appeared relaxed in their daily routines. Residents were willing and happy to chat with the inspector. Overall they were very complimentary of the staff and care received. One resident told the inspector that 'Its my home and I feel safe here'. Residents were observed moving throughout the nursing home and utilising the various seating areas, day rooms, dining rooms and outside spaces.

The resident's rooms were personalised with pictures and photographs and personal items to decorate them. Some had bookshelves and fridges in their rooms and some residents arranged family members to bring in their favourite treats. Two residents were proud to show the inspector their rooms and said that the rooms were cleaned every day. The residents told the inspector that their laundry was washed on-site and returned to their rooms clean and fresh. They were happy with this arrangement and said that they always got their clothes back from the laundry.

Access to some well-maintained courtyards was unrestricted with the doors open. Residents and their visitors were seen sitting out in the courtyards throughout the day of inspection. Some residents were observed leaving the centre through the front door so they could escort visitors outside and some were taking exercise in the car park. These residents had the keypad access code to open the door.

One courtyard contained a 'Men's Shed' for use by residents. It contained some basic tools and supplies which residents could use to complete small projects. There was an additional 'men's shed' area within one of the sitting rooms to facilitate projects within the building. Evidence of projects completed by the residents were on display in the adjoining courtyard. The centre was registered with Irish Men's Shed Association and received support and assistance from this national group.

The inspector saw a chicken coup outside one of the dining room windows. Some residents were involved in feeding and caring for the chickens and enjoyed this

activity. Other residents sat by the window and watched the chickens from this vantage point. One resident told the inspector that the chickens were part of their family and loved having them around.

There were two main dining areas used by the residents. The tables were set with table cloths, napkins and condiments. A small vase of flowers was also placed on each table. Residents were free to choose which room they wanted to go to, and residents who chose to eat in their rooms were facilitated with this option. There was a good choice of food available to residents. The lunch time meal looked appetising and nutritious. Residents were observed to be socialising and chatting during their meal in the dining rooms.

Staff were available to facilitate the residents and were offering both hot and cold drinks to the residents. There was a calm and relaxed atmosphere during this time. The inspector observed the residents calling the staff by their names and appeared very comfortable with them.

When asked about the quality of the food served in the nursing home, many residents told the inspector that they liked the food. They said there was always a choice of food available to them and if they didn't like the choices, they could get something else. They also told the inspector that the evening meal was good and their choices were always available.

A number of residents and visitors told the inspector that visitors were always welcome at the centre and there were no restrictions in place. Visitors were asked to wash their hands on entering the nursing home. They informed the inspector that they had no concerns in relation to this practice as it added a simple step to protect their loved ones.

When asked about complaints or concerns, many residents told the inspector that they had 'little to complain about' but knew who to speak to if they were worried about something. They complimented the staff and said that they would always listen to them and sort any issues out.

Residents told the inspector that in general they liked the activities and found them enjoyable. They had the choice not to participate if that particular activity did not interest them.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was a well-managed centre which benefited the day-to-day lived experiences of

the residents. The provider was Larchfield Park Care Centre Limited. There was a clear organisational structure in place and the team were aware of their responsibilities and accountability within the structure. On the day of inspection the person in charge was supported by the director of nursing, clinical nurse manager, nursing healthcare staff as well as administrative, catering and household staff. The inspector found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate. However some improvements were identified in relation to the premises and infection control.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There were monthly governance and management meetings taking place, which ensured good oversight of service. Key performance indicators, audits and improvement plans were high on the agenda at both operational and at management level.

Staffing levels were appropriate for the size and layout of the centre and the number of residents being accommodated at the time. Call bells were answered quickly and residents informed the inspector that they didn't have to wait long for someone to come to them. Staff told the inspector that they had access to training and were reminded when updates were due. All staff had completed their safeguarding training and were able to tell the inspector what constituted abuse and the action they would take if they suspected that a resident was at risk. Supervision of staff was evident on the day of inspection with the person in charge and clinical nurse managers presence on the floor.

During the inspection the inspector observed that one of the bathrooms in the Willow Unit had been changed into a cleaners store. The cleaners store room was empty. The decision for this change was taken following an Infection control inspection in March 2022, in relation to COVID -19. This did not impact on residents as the unit was mostly empty and the residents living in that wing had access to other bathrooms. However the Chief Inspector of Social Services had not been informed of these changes in line with the designated centre's conditions of the registration. The management team arranged for the bathroom and cleaners room to be reverted to original function and this was completed on the day of inspection.

A sample of four staff files reviewed by the inspector showed that they were maintained in line with Schedule 2 of the regulations. Each file contained evidence that An Garda Siochana vetting was completed prior to commencing employment and a copy of a completed induction programme including a comprehensive overview for new employees to prepare them for their role in the centre. There was a low number of vacancies and three new staff were due to commence work once their An Garda Siochana vetting was completed.

Medical records were stored in boxes in a locked storage shed. The boxes were

labelled and a tracking record was maintained by the administration staff. The management team told the inspector that a mobile shredding company come to site to shred notes when due.

### Regulation 15: Staffing

The Staffing and skill-mix was appropriate to meet the needs of the residents on the day of inspection. There was a minimum of one qualified nurse on duty at all times.

All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records showed that staff were up-to-date with their mandatory training requirements.

Copies of the Health Act, regulations, standards and relevant guidelines were available to staff.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained all of the details as required under the regulations.

Judgment: Compliant

### Regulation 21: Records

A sample of staff files reviewed were in line with Schedule 2 of the regulations.

Resident files were stored safely and securely in accordance with the regulations.

Judgment: Compliant



## Regulation 23: Governance and management

There was a clear management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

The centre was well resourced and has a sufficient number of senior staff to oversee and monitor daily practices. A detailed audit and monitoring governance system was in place to keep the senior management team informed. Improvement action plans were monitored and followed up by the person in charge.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

A selection of four contracts for the provision of care were reviewed by the inspector and were in compliance with the regulations. Room numbers and the room occupancy was included in the contract.

Judgment: Compliant

## Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home and that their healthcare needs were well met. Residents informed the inspector that they were happy, were well looked after by the staff and felt safe. Some further improvements were required in relation to the premises and infection control practices as detailed under the individual regulations, however the inspector was satisfied that the residents were supported to enjoy a good quality of life in the centre.

The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the individual assessed needs of residents. The care plans were updated within the four month time frame, but one file did not have the printed updated available in the resident's file. This was addressed by the clinical nurse manager immediately.

There was good access to general practitioner (GP) services, including out-of-hours services. There were appropriate referral arrangements in place for services such as dietetics, speech and language therapy, tissue viability nursing, occupational

therapy, dental and opticians. Their input and guidelines were available in residents' files. There was a very low level of nursing home acquired pressure ulcers in general.

Cleaning schedules were in place for daily cleaning activities, increased cleaning of frequently touched surfaces, room deep cleaning and carpet cleaning. Household staff were using a flat-mop system and talked the inspector through their process of cleaning. They were knowledgeable of the chemicals used for each aspect of the cleaning process.

The inspectors reviewed fire safety records maintained in the centre. Up-to-date service records were in place for the maintenance of fire fighting equipment, fire detection, alarm systems and emergency lighting.

Oxygen Cylinders and Oxygen concentrators were not stored appropriately; However this was rectified on the day of inspection. Appropriate signage was also put in place.

Residents were registered to vote in local and national elections. Arrangements were in place for a ballot box to come to site to facilitate residents to vote. This was overseen by the administration staff in the nursing home.

### Regulation 11: Visits

There were no restrictions on visiting residents at the centre. Numerous visitors were seen within the centre on the day of inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents could use the on-site laundry facility for laundering their clothes. Clothing was labelled and returned to their rooms clean and fresh. There was adequate storage for residents' clothing and personal possessions in their rooms. Each resident living in the nursing home had access to a lockable unit for the storage of valuables.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises met the regulatory requirements, however the following issues were identified:

- Temperature monitoring of the medications rooms was required to ensure that medications were stored within recommended temperature storage requirements.
- The curtain placement in one of the vacant shared bedrooms did not provide sufficient personal space for a resident as required by SI 293 of 2016.
- Where beds had been moved within the resident's rooms, not all residents had access to a bed-side light.
- Some of the vacant bedrooms did not have all furniture in place including a lockable cabinet for residents to secure their valuables.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements. Information for residents was available on notice boards throughout the centre.

Judgment: Compliant

### Regulation 27: Infection control

Overall the nursing home was clean and well maintained but the following issues were identified on the day of inspection;

- Clinical Hand washing sinks, although available, did not meet the required standards. A clinical hand wash sink was required in the Willow unit in close proximity to the medication room to enable staff to perform effective hand hygiene.
- Housekeeping chemical spray bottles required a label to identify the date and person filling the bottles to ensure any liquid was disposed of, within the manufacturer's recommended expiry time.
- Some alcohol gel hand sanitising units were refillable therefore increasing the risk of harbouring bacteria.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A variety of validated assessment tools were used to assess the residents on admission to the centre. This was completed within 48 hours of admission. Care plans were person-centred and reflected the residents' care and needs.

Judgment: Compliant

### Regulation 6: Health care

There was good access to general practitioner (GP) and care of the elderly consultants. Access to on-site psychiatry of older persons was harder to access but the GP's were supportive of residents' needs and linked in with the local hospital. Recommendations from allied health professionals were recorded in the residents' care plans.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place and all staff had received training and residents were protected from abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse.

The centre was a pension- agent for some residents living in the nursing home and has a policy in place with separate bank account to facilitate this process.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall residents rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Larchfield Park Nursing Home OSV-0000056

Inspection ID: MON-0036542

Date of inspection: 24/08/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1/ In order to ensure that all medications are stored within recommended temperature storage requirements, , a temperature monitor has been placed in the drugs storage rooms of Oak and Willow wing. The temperature will be checked and recorded 3 times per day ( at each shift) by the nurse from the oak and willow wing . Remedial actions will be taken when the temperature is noted above 20o celcius i.e opening the windows or using a electric fan to cool down the drugs storage room. This issue is now resolved</p> <p>2/ In order to ensure sufficient personal space for a resident as required by SI 293 of 2016 in one of our vacant double rooms, the privacy curtain placement has been reviewed for one of the beds and a flexible curtain ceiling rail has been ordered with the aim to extend the resident's personal space as required by SI 293 of 2016 around this bed . This issue will be resolved by the end of September 2022.</p> <p>3/In order to ensure that all residents have access to a bed-side light, if their bed had been moved within their room (as per their wishes/ comfort), a bed-side lamp has been placed on top of their bed-side locker, situated at easy reach to them. A bedrooms audit was carried out to highlight the number of bedrooms where this issue needed to be adressed. This issue is now resolved</p> <p>4/ In order to ensure that any vacant bedrooms have all required furniture in place, including a lockable cabinet for residents to secure their valuables, a full review/audit of these vacant bedrooms was carried out to highlight what furniture was required. Any missing furtinure will be replaced in these rooms. This issue will be resolved by the end of September 2022.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>1a - In order to enable staff to perform effective hand hygiene while working in the willow unit, a clinical hand wash sink is required in this unit in close proximity to the medication room.  A Clinical hand wash sink, conforming to "HBN 00-10 Part C Sanitary Assemblies", has been installed by our Plumbing contractor in the Willow unit.  This issue is now resolved.</p> <p>1b - Clinical Hand washing sinks are available within the nursing home, however some are not meeting the required standards in order to enable staff to perform effective hand hygiene at all times; hence an Audit on Clinical Hand washing sink requirements has been carried out. The audit highlighted the number and location of clinical hand washing sinks to be replaced. A scheduled plan has been agreed to replace any of our non conforming sinks before July 2023 by prioritising the one situated in most critical areas first.  To date the clinical Hand washing sink in the Oak drugs room has been replaced.</p> <p>2- In order to ensure that any housekeeping chemical liquid is disposed of, within the manufacturer's recommended expiry time, a label to identify the date and the name of person filling the housekeeping chemical spray bottles is now placed on each bottle prepared. The housekeeper supervisor will monitor practices by doing regular spot checks.  This issue is now resolved.</p> <p>3. In order to reduce the risk of harbouring bacteria in our alcohol gel hand sanitising units, all refillable alcohol gel hand sanitising units have been replaced with alcohol gel hand sanitising holders to clamp individual alcohol gel bottles, these bottles will be replaced once empty.  This issue is now resolved.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2023