



# 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:	Short Notice Announced
Date of inspection:	01 July 2020
Centre ID:	OSV-0000056
Fieldwork ID:	MON-0029752

## 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 75 people, with 71 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. In total there are 37 single rooms, 16 twin room and two three-bedded rooms. 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:	33
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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
Wednesday 1 July 2020	10:00hrs to 18:00hrs	Margo O'Neill	Lead
Wednesday 1 July 2020	10:00hrs to 18:00hrs	Breeda Desmond	Support
Wednesday 1 July 2020	10:00hrs to 18:00hrs	Naomi Lyng	Support

## What residents told us and what inspectors observed

On the day of inspection, inspectors observed that residents appeared relaxed and in good spirits. Staff spoke kindly and respectfully to residents and were observed to deliver care in a person-centred and kind manner. All residents who spoke to inspectors reported that staff were very kind. One resident said staff were wonderful while another resident described staff as his extended family and that they were dedicated to their work. Inspectors observed kind and person-centred interactions between staff and residents throughout the inspection. For example, in the absence of a hairdresser attending the centre, one resident informed inspectors she had her hair set regularly by one of the care staff and she did a great job. Staff knew residents well and could be heard chatting with residents about their interests and reminiscing about their life experiences. Inspectors observed residents and staff laughing and enjoying each others company while observing social distancing guidelines. Residents responded positively to these interactions.

There were a number of different communal lounges and dining spaces that residents could use and spend time in. These were found to be furnished with appropriate supportive furniture and decorated in a homely style with fire places and decorative lampshades and table lamps. Inspectors observed residents enjoying a small group activity in one of these lounges.

Inspectors observed one resident was sitting in the corridor enjoying arts and crafts. However, due to COVID-19 restrictions, for most residents' their normal routine had been disrupted. At the time of the inspection the activity staff provided small group activities in communal spaces where social distancing could be facilitated and one-to-one activities in residents' bedrooms on a daily basis for two hours. Residents were also taking their meals and spending most of their day in their bedrooms. The person in charge informed inspectors that these restrictions would soon be easing and that residents would be encouraged to spend more time out of their rooms to take meals in communal dining spaces and activities would increase to ensure residents received sufficient opportunities for activation.

One resident told inspectors that he was disappointed that full visiting had not yet resumed but that he understood why the restrictions were in place.

Inspectors observed that many residents' bedrooms were decorated with personal items and pieces of furniture, paintings and photos. For example, one resident had a comfortable couch in her room while another resident proudly displayed wooden items he had created with carving.

One resident who inspector spoke to said the food was very good while two others said that 'it was fine' or that it 'varied' but that you were always offered 'a choice' which they were satisfied with.

## Capacity and capability

Larchfield Park Nursing Limited, the provider entity was a limited company with three directors, one of whom was the person in charge. The person in charge was present in the centre on a daily basis and was responsible for the day-to-day operations of the centre. She was supported in her role by a director of nursing, a clinical nurse manager, an operations manager, two administrators, senior nursing staff, carers, two activity coordinators, household, catering and maintenance staff.

Prior to the recent COVID-19 pandemic, Larchfield Park Nursing Home operated by Larchfield Park Care Centre Limited, had a good regulatory compliance history. On the few occasions where issues had been identified on previous inspections, the provider had the capacity, and proactive willingness, to make all necessary improvement to ensure safe and effective care was consistently provided to residents. In late March 2020 there was an outbreak of COVID-19 which had impacted residents, staff and families. This outbreak had not yet been declared over by Public Health.

Inspectors acknowledged that this was and continued to be a difficult and challenging time. During one week in April the service struggled to maintain nurse staffing levels in the centre but had managed to maintain a safe service with the support of additional staffing from the Health Service Executive (HSE) and through sourcing staff from agencies.

This was a short-term announced risk inspection to monitor ongoing compliance in the centre due to the outbreak of COVID-19. There were 64 residents in the centre at the start of the outbreak, 41 residents tested positive for COVID-19 and 20 residents had passed away.

Inspectors also followed up on an action related to medicines management from the last inspection in June 2019 and found that this had been addressed. No unsolicited information was received by the Chief Inspector since 2018 relating to the centre.

Inspectors requested a number of documents, such as staff rotas, contingency plans, incident reports and risk register, the afternoon before the inspection and during the course of the day. This was to assess the assurance arrangements in place and all records were provided in a timely and organised manner.

On the day of the inspection there was no resident or staff member that was confirmed or suspected of having COVID-19. There was ongoing monitoring of residents and staff members twice daily to monitor for temperatures and symptoms of COVID-19 in accordance with the *Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*. The person in charge was liaising closely with Public Health and weekly tests were ongoing for all residents and staff who had previously tested negative.

There was a plentiful supply of personal protective equipment (PPE) and alcohol-based hand hygiene gel in the centre and staff were observed using PPE and performing hand hygiene appropriately.

However, findings on the day of inspection were that cleaning standards were inadequate and the provider did not have effective arrangements in place for the prevention and control of infections. Inspectors also identified concerns regarding fire precautions in the centre.

An urgent action plan was issued following the inspection regarding Regulation 23 Governance and Management, Regulation 27, Infection Prevention and Control and Regulation 28, Fire Precautions. The registered provider was requested and agreed to:

- Submit a fire risk assessment, completed by a competent trained fire expert, of the fire safety precautions in the centre and a plan for interim measures to mitigate the risks identified.
- An immediate deep clean of the centre.
- A full review of infection control and prevention procedures in the centre.
- A review of household staffing hours and allocation.

## Regulation 15: Staffing

The number and skill mix of staff were appropriate to the assessed needs of residents and the design and layout of the centre. At the start of the outbreak there were 86 staff members working in the centre. Monday to Friday the person in charge, the director of nursing and a clinical nurse manager worked in the centre on a full time basis. On a daily basis at least three staff nurses were on duty and six to eight carers during the day. Two staff nurses and four carers worked at night. Inspectors observed that staff knew the residents living in the centre well and were kind and person-centred in their approach when delivering care.

During the outbreak 34 staff had tested positive for COVID-19. This resulted in one week of significant nursing staff shortages. However, the provider had made significant efforts during this week to ensure that there was a minimum of two nurses on duty at night and three nurses on duty during the day. Almost all staff had recovered from COVID-19 and had returned to work in the centre at the time of the inspection.

There were sufficient staff numbers to meet the needs of residents living in the centre at the time of the inspection based on the information and staff duty rosters reviewed with the exception of household staff. A full review of the numbers and deployment of household cleaning staff was required to ensure that the cleaning in the centre was sustainable to address the issues found on this inspection. This is discussed under Regulation 23, Governance and Management.

There were records of management meetings with staff to keep staff informed regarding the COVID-19 outbreak and information leaflets regarding testing that would take place in the centre. Staff also confirmed that there were arrangements to speak to a volunteer counsellor or to receive occupational health advice as required.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The person in charge had arrangements in place so that staff had access to mandatory training which included the following: Fire safety awareness, Safeguarding training, Medicines management, Restrictive practice, End of Life care, Manual Handling, Dementia care, Nutrition and feeding and Infection Prevention and Control. Records of staff training provided to inspectors indicated that for most staff their mandatory training requirements were up-to-date. Inspectors were informed by the person in charge that training which had been organised however had to be deferred due to the pandemic and the outbreak in the centre.

Inspectors noted that additional training was completed by staff during the COVID-19 outbreak. This included Hand Hygiene, Personal Protective Equipment (PPE) donning and doffing and Infection Prevention and Control. All of these training programmes were completed on-line. Management verbally informed inspectors that there was ongoing supervision of staff practices by the clinical managers. There was no records available for this, however, inspectors observed that staff utilised their PPE and performed hand hygiene appropriately during the inspection.

Inspectors had concerns regarding oversight of the maintenance of the premises, the cleanliness practices and standards and the supervision of staff working in these areas; as evidenced by a number of unclean areas and fixtures requiring attention that were identified on the day of the inspection. Management undertook to address this immediately.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were inadequate resources and arrangements to ensure regular and effect decontamination and appropriate cleanliness and infection control standards in the designated centre, as evidenced by the unclean areas identified on the day of inspection. The provider undertook to review the processes in place and allocation of household staff hours to ensure regular and effect decontamination and appropriate



cleanliness for the safety of residents living in the centre.

The management systems for monitoring infection prevention and control, hygiene standards and fire safety were not effective to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by:

- On the day of inspection, inadequate infection prevention and control standards were observed; for example, poor standards of cleanliness was observed in parts of the centre including the designated COVID-19 isolation areas. Open linen skips and bins without lids were identified throughout the centre which is not in line with best practice and posed a risk of cross infection.
- Equipment such as shower chairs and commodes had signs of rust and cracked laminate on beds and sink stands required attention to ensure that these surfaces could be cleaned effectively.
- Inspectors had concerns regarding fire safety precautions which are detailed under Regulation 28, Fire Precautions.

While there were a number of audits completed to look at practice and procedures to monitor adherence to best practice, such as hand hygiene practices and donning and doffing (putting on and taking off) of PPE, a more robust system of auditing was required to ensure that all areas of practice were sufficiently monitored. For example, supervision and auditing of housekeeping practices and procedures was required. The director of nursing acknowledged that extra monitoring of practices should be implemented in this area.

Inspectors reviewed records that demonstrated that resident were consulted to inform quality improvement and to ensure that residents had input into the running of the service. There was an annual review of the service completed for 2019.

Judgment: Not compliant

### Regulation 31: Notification of incidents

While it is acknowledged that the centre was in the middle of a COVID-19 outbreak, inspectors identified the following issues regarding the notification of incidents to the chief inspector:

- Sixteen notifiable incidents as set out in paragraph 7 of schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had not been reported to the Chief Inspector within the specified time frame.
- There were gaps in the daily notification updates required by the Chief Inspector during the outbreak.
- A quarterly notification contained incorrect information.

The provider undertook to review the system in place to ensure that all future

notifications were submitted as required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure which included an appeals procedure to inform management of complaints received. Records of complaints were maintained in the centre and these were found to be in line with the regulation. On examining these records inspectors found details that outlined thorough investigation to complaints received and timely actions were taken by management to address concerns raised. Residents who spoke to inspector reported that they would talk to any of the staff regarding their concerns and many identified the director of nursing, the clinical nurse manager or the person in charge specifically as the persons they would speak to. Residents reported timely actions to address their concerns by management.

There was an identified designated complaints officer, however, this person was also the nominated person to ensure that all complaints were appropriately responded to and that records of complaints were maintained. This was not in line with the requirements of the regulations. The provider undertook to address this and update their complaints policy and procedure.

Judgment: Substantially compliant

### Quality and safety

Despite the COVID-19 restrictions and outbreak ongoing in the centre, residents were supported to have a good quality of life in the centre. Positive interactions between staff and residents were observed during the inspection and residents' right to choice was respected regarding when to rise and when to retire to bed and regarding their food choices. Records reviewed indicated that there was good ongoing communication and consultation with residents. Residents' health care needs were being met through good access to health care services

Assessment, care planning, and increased opportunities for social engagement were identified as areas requiring improvement.

Infection Prevention and Control and Fire Precautions were, however, areas of significant concern for inspectors during the inspection. Oversight of these areas required review to ensure the ongoing safety of residents. Basic cleanliness in several areas of the centre was not evident on the day of inspection. Surfaces of several items of furniture were not intact and equipment showed signs of rust

making these difficult to clean. Flooring and other fixtures such as tiling required attention. Inspectors were informed that a member of household staff worked until 18:00 during the outbreak, however these hours were reduced in June 2020 due to reduced occupancy levels. At the time of the inspection no household staff was on duty after 15:00pm. Although management reported that carers and nursing staff carried out decontamination of frequently touched surfaces after this time, there were no records available that confirmed this. Inspectors requested a deep clean of the centre which was carried out following the inspection.

Inspectors had concerns regarding fire safety arrangements in the centre. This is detailed under Regulation 28, Fire Precautions. Inspectors issued an urgent compliance plan requesting a fire safety risk assessment to be completed by a competent trained fire expert.

### Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19. Inspectors were informed that window visits were facilitated and inspectors observed that there was a tent erected to provide shelter to relatives and friends when visiting and sitting outside the centre. The person in charge identified a specially built visiting area for use within the centre once the outbreak was declared over and visiting restrictions eased to allow planned visiting in line with the national guidance. Compassionate visiting arrangements were in place to permit residents who were at end of life to receive visits from relatives at this time. There were records of regular communication with families and friends of residents to keep them informed regarding visiting arrangements in the centre.

Judgment: Compliant

### Regulation 26: Risk management

There was a general risk register maintained in the centre which inspectors reviewed. While this contained pertinent information about identified risks, there were no dates to indicate when risks were reviewed or when controls had been evaluated to confirm if controls to mitigate risks were effective. Therefore it was unclear if identified risks had been mitigated. A COVID-19 risk register was also maintained and this had been updated to reflect the recent situation with the COVID-19 outbreak in the centre.

There were arrangements in place for the identification, recording of serious incidents or adverse events involving residents. These were used for learning and it was identified that appropriate actions were implemented to mitigate the risk of

future incidents re-occurring. A COVID-19 outbreak review had been completed which identified lessons learned and action plans based on the lessons identified to inform management of future outbreaks.

Judgment: Substantially compliant

### Regulation 27: Infection control

Infection control practice and protocols observed during the day of inspection were not in line with the *National Standards for Infection Prevention and Control in Community Services published by the Health Information and Quality Authority in 2018* or the *Health Protection Surveillance Centre (HPSC) Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities* as follows:

- The provider had a well allocated designated isolation area established in the centre. There were no residents occupying this area on the day of inspection and inspectors had been informed had this area had been terminally deep cleaned and was ready for use. However, inspectors found that this area was not clean, with one room found to contain items of clothing and in another room found to contain documentation from previous residents accommodated in the area.
- Other areas of the centre were found to be unclean such as the centre's sluice rooms.
- There was insufficient storage in sluice rooms and some racks were observed to be rusted. This resulted in insufficient space to store clean basins and urinals and drying racks that could not be cleaned effectively.
- A shower chair and a bedpan washer and legs of commodes were observed to have signs of rust and some commode lids had tears on the leatherette finish making these difficult to clean and decontaminate.
- Inspectors were informed that two household staff worked daily from 8:00am to 14:00 and 15:00pm. Inspectors asked what the arrangements were in place to carry out decontamination cleaning on frequently touched surfaces when household staff had finished work at 15:00pm. Although management verbally outlined to inspectors the arrangements in place for carers and nursing staff to completed these tasks, there was no records to confirm this arrangement when requested.
- The policy and procedures in place to inform the management of laundry required significant review as it was not in line with *National Standards for Infection Prevention and Control in Community Services published by the Health Information and Quality Authority in 2018*.
- Procedures for housekeeping and environmental cleaning were vague and required greater detail to inform staff to adequately perform their duties.
- Linen skips and waste bins in toilets and at wash hand basins did not have lids which resulted in their contents being exposed increasing risk of cross contamination.

- While identified residents with infections had designated slings in their bedroom, not all other residents had individual slings allocated at the time of inspection.
- Inspectors observed that some items of furniture such as sink stands and bed frame surfaces were not intact and therefore could not be cleaned effectively.
- Tiles in en suites required cleaning and grouting.
- Some communal area flooring required attention as these were heavily marked and scratched and throughout the centre inspectors noted that many areas of flooring were sticky when walked upon.
- Open personal hygiene products were identified in a communal toilet and inspectors found a basket of personal hygiene products in a store cupboard, some of which had labels for named residents and were already open.

An urgent compliance plan was issued to the provider and a request for a deep clean of the designated centre to address identified unclean areas, items of equipment and furniture that were found to be unclean or damaged.

The centre's management was in regular contact with their local Public Health team and with the HSE. There were sufficient resources in place such as PPE and hand hygiene facilities. Staff were observed practicing hand hygiene throughout the inspection and wearing PPE appropriately. Inspectors observed that most staff wore both a face mask and a face visor when in areas that residents were accommodated. Staff informed inspectors it was an additional measure they were taking to ensure that residents were protected and to reduce the risk of further cases of COVID-19. Staff confirmed on arriving at work that they had their temperature monitored, declaration regarding symptoms of COVID-19 was established and only then would change into their uniform on site.

Judgment: Not compliant

## Regulation 28: Fire precautions

The majority of staff were up to date with their fire safety training and there were personal emergency evacuation plans (PEEPs) available for all residents to inform staff in the event of a fire.

Inspectors found the fire safety arrangements required urgent review as the following risks were identified during inspection:

- Two sets of fire doors had significant gaps between them making them ineffective to contain fire, smoke and fumes in the event of a fire. Three other fire doors identified required repair to the magnetic locking devices.
- Not all bedroom doors were connected to the central fire alarm system as

they were not fitted with automatic closing devices and therefore would not automatically close on activation of the fire alarm. Inspectors were not assured that procedures were in place to ensure that all bedroom doors would be closed in the event of a fire.

- Fire compartment sizes throughout the centre varied, however, one large compartment with capacity for 15 residents, accommodated 13 residents on the day of inspection. Inspectors requested that fire drills be organised to ensure that residents could be safely evacuated from the largest compartment with night time staffing levels.

An urgent compliance plan was issued to the provider to request a fire risk assessment by a competent trained fire expert to review the fire safety precautions in the centre and a plan for interim measures to mitigate the risks identified.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

All residents had individual assessments and care plans in place that were reviewed and updated every four months. Inspectors noted that the quality of the content of care plans varied. Some assessments and care plans such as residents 'A key to me' and residents social care plans contained person-centred information, however, information contained in the residents' 'A Key to Me' did not routinely inform care planning. Others such as personal hygiene plans were clinical and lacked person-centred information. End of Life care plans and advanced care directives were in place and up-to-date, to reflect residents' wishes and preferences, to inform and direct staff when providing this very important aspect of care.

Other areas for improvement were noted as follows:

- There was an assessment tool, consisting of a check list, used to assess residents prior to implementing restrictive practices; however, there was no accompanying risk matrix assessment tool completed to inform the level of risk associated with using bed rails or bed bumpers.
- Assessment of responsive behaviours required review. Although ABC behavioural assessment charts were being used, the antecedent to the behaviour was not always accurately recorded to inform staff of possible triggers of responsive behaviour.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' health care needs were met through timely access to assessment and treatment. Records indicated that residents had suitable access to their General Practitioner (GP) pre-COVID-19 outbreak, during and ongoing. There were arrangements in place for timely access to out of hours GP. Inspectors noted that residents' GPs had proactively prescribed palliative care medicines in the event that these maybe required and prescriptions for residents' medicines were up-to-date and compliant with the regulations. Arrangements for access to health and social care professional such as Dietitian, Speech and Language Therapists and Occupational Therapists were also in place.

Judgment: Compliant

### Regulation 8: Protection

The provider acted as a pension agent for three residents in the centre. Arrangements in place to manage this were clear and transparent. Inspectors examined records of accounts and found that balances were correct. Residents reported they felt safe and secure in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents confirmed to inspectors that they were offered choice regarding their meals and around their daily routine in the centre, for example choosing when to get up and when to retire to bed. Inspectors observed that there was a written and pictorial menu on display in the Bluebell dining room and that there was a choice of two main meals on offer. Residents confirmed that they would receive an alternative if they did not like what was on offer.

Resident meetings were held monthly to keep residents informed regarding the outbreak and to inform residents regarding precautions to take to protect themselves from COVID-19 such as hand hygiene, cough etiquette and social distancing. Measures taken in the centre to limit the outbreak were also discussed. The minutes indicated that these meetings all commenced with a minute silence to remember those residents who had passed away. There was also arrangements in place for residents to speak with a volunteer counsellor and an advocate during the COVID-19 outbreak. Records of communication with residents relatives were available to inspectors and indicated that families were kept informed regularly regarding visiting arrangements, testing ongoing in the centre, Public Health guidance and information.

Although there was a number of communal lounges and dining spaces that had ample space to facilitate social distancing, most residents were still taking their meals and spending most of their time in their bedrooms as per public health advice. During the afternoon of the inspection inspectors noted that activities were carried out for a two hour period. Inspectors observed that one-to-one activities were taking place in some residents' bedrooms and a small group of six residents were observed partaking in an exercise class in a lounge area. Residents were observed to be enjoying themselves and laughing and having fun with the coordinator and other residents. The person in charge outlined how she was planning to start to increase activities and to encourage residents to spend more time out of their rooms and to take meals in communal dining spaces.

On review of one resident's records, inspectors noted that although activities programme and schedule of outings had been reduced in the centre during the previous months, the charge for the activities remained the same. This was discussed with the person in charge as an area for review.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially 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-0029752

Date of inspection: 01/07/2020

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> <li>Housekeeping hours have been increased. Two Housekeepers are working 8am-6pm and two from 8am-4pm.</li> <li>A housekeeping supervisor has been appointed 9am – 5pm (see Reg 23).</li> <li>Maintenance hours have been increased – one person works 8:30am-3:30pm &amp; the other works 10:30am-5pm</li> </ol>	
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> <ol style="list-style-type: none"> <li>A review of the housekeeping induction process has been carried out and an assessment of competencies has been introduced, this will be carried out for all new housekeepers within their 3 months’ probation period. Re- assessment of competencies will be carried out on a yearly basis or as required.</li> <li>Increase of daily monitoring of housekeeping practices is carried out by the housekeeping Supervisor with actions taken immediately when poor practices noted. Ongoing education and support is provided.</li> <li>A review of the Maintenance induction process has been carried out and an assessment of competencies has been introduced, this will be carried out for all maintenance personnel within their 3months probation period. Re- assessment of competencies of the existing personnel will be carried out on a yearly basis or as required.</li> </ol>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. Review of role and responsibilities of each member of the management team.</li> <li>2. We have restructured the non- clinical department and reviewed the role and responsibilities of housekeeping/ laundry, kitchen and maintenance staff.</li> <li>3. Quality monitoring processes have been reviewed with an emphasis on: <ul style="list-style-type: none"> <li>- ongoing monitoring of infection prevention and control and records maintained.</li> <li>- hygiene practices and records maintained.</li> <li>- environmental audits and records maintained.</li> </ul> </li> <li>4. Infection Prevention and Control “Champions” will be promoted for each department.</li> <li>5. Fire safety precautions systems are being reviewed to comply with Regulation 28, as detailed in the email correspondence.</li> </ol>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> <li>1. Role and responsibilities of PIC and DON have been reviewed and DON has the responsibility to ensure that notifications of incidents are submitted in a timely fashion as per regulation 31, notification of incidents. In the event of the DON’s absence the PIC will ensure the notifications are submitted. Should both parties be absent the CNM will submit.</li> </ol>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> <li>1. Another member of staff, other than the designated complaint officer, has been nominated to ensure that all complaints have been logged and dealt with accordingly, in line with the requirements of the regulations.</li> </ol>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ol style="list-style-type: none"> <li>1. Dates have been added for each identified risk as well as a review date.</li> </ol>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. A deep clean of the isolation unit has been completed.</li> <li>2. A deep clean of the rest of the premise is in progress.</li> <li>3. All damaged equipment that was noted to have signs of rust have been repaired or replaced.</li> <li>4. Items of furniture that were noted as damaged will be replaced and new beds have been purchased.</li> <li>5. The sluice room has been deep cleaned, storage arrangements have been reviewed and the rusted racks have been replaced.</li> <li>6. Infectious waste bins, which are clearly labelled, have been added in all the bedrooms of the isolation unit, to ensure the rooms are ready to be occupied should the need arise.</li> <li>7. Hours for housekeeping have been increased and will be reviewed on regular basis (See Reg. 15). A housekeeping supervisor has been appointed 9am – 5pm to ensure effective monitoring of the house keeping practices.</li> <li>8. Documentation is now in place for HCA to record decontamination of surfaces carried out by them.</li> <li>9. Linen skips and bins with lids have been purchased.</li> <li>10. The Laundry SOP has been reviewed in line with the National standards for infection prevention and control in community services, HIIQA 2018</li> <li>11. The SOP for housekeeping and environmental has been reviewed to inform staff to adequately perform their tasks.</li> <li>12. Tiles in the ensuite bathrooms have been cleaned and re-grouted. A tiler has been booked to re-tile the ensuite bathrooms in the isolation unit.</li> </ol>	

13. Flooring in the sitting room of the isolation unit which the inspectors noted was marked and scratched has been fully replaced.

14. All clinical staff have been reminded that Personal hygiene products cannot be left in communal toilets and store cupboards. Ongoing monitoring of practice is carried out by lead HCA, nurses and CNM.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The two doors that had gaps have been repaired and new intumescent stripes have been installed.
2. All fire doors have been assessed by the fire expert and work will be carried out as required. A schedule of works has been established and will be completed by the end of August 2020
3. The bedroom doors that do not have Automatic closing devices have been assessed by our fire company and will be installed as soon as the above work is completed.
4. A full fire audit has been carried out by our fire expert and all fire compartment sizes are within regulations, a simulated evacuation fire drill of the largest sub-compartment has been carried out (using night time staffing levels).

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. Extra training will be provided to nurses for the use of the ABC chart.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	06/08/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	06/08/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	06/08/2020
Regulation 23(c)	The registered	Not Compliant	Red	10/07/2020

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	06/08/2020
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.	Not Compliant	Red	10/07/2020
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	10/07/2020
Regulation 28(2)(i)	The registered provider shall make adequate	Not Compliant	Red	10/07/2020



	arrangements for detecting, containing and extinguishing fires.			
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.	Substantially Compliant	Yellow	06/08/2020
Regulation 31(2)	The person in charge shall ensure that, when the cause of an unexpected death has been established, the Chief Inspector is informed of that cause in writing.	Substantially Compliant	Yellow	06/08/2020
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	06/08/2020
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are	Substantially Compliant	Yellow	06/08/2020

	appropriately responded to.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	06/08/2020
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/08/2020
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2020

