

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Larchfield Park Nursing Home
Centre ID:	OSV-0000056
Centre address:	Monread Road, Naas, Kildare.
Telephone number:	045 875 505
Email address:	sara@larchfieldpark.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Larchfield Nursing Homes Limited
Provider Nominee:	Sara Dillon
Lead inspector:	Ann Wallace
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	66
Number of vacancies on the date of inspection:	9

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 September 2017 10:00	21 September 2017 18:00
22 September 2017 08:30	22 September 2017 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to inform an application to renew registration of the centre.

As part of the inspection, the inspector met with residents, relatives, the provider representative who is also the person in charge (PIC), the director of nursing (DON), the operations manager and members of staff who were present in the centre during the inspection. The inspector also observed practices and reviewed documentation such as policies and procedures, staff files, clinical governance and audit documents, care plans, medical records and the records from allied healthcare and specialist practitioners. The inspector reviewed questionnaires that had been completed by both residents and their family members about the designated centre.

During the inspection residents were seen to be offered choice in how they went about their day, where they spent their time in the centre and what they would like to eat at meal times. The inspector found that residents were encouraged and enabled to maintain their independence in their day to day lives at the centre. Both

the person in charge and the director of nursing (DON) were involved in the centre on a daily basis and were seen to be accessible to residents, relatives and staff.

The inspector found that there was adequate staff with the required qualifications and skills to meet the assessed needs of the current residents. Residents had good access to medical and allied health care professionals including specialist services where required however the inspector found that staff were having difficulty accessing specialist tissue viability services for one resident due to lack of resources in the local area.

There were effective governance and management arrangements in place to ensure the quality and safety of the service provided in the centre. Standards were regularly reviewed through the centre's quality assurance programme, an annual resident survey and the monitoring of incidents and complaints. The inspector found evidence of improvements being introduced as a result of audits and other feedback. For example following an audit of call bell response times the staffing levels had been increased between 7am and 8am and between 8pm and 10pm in order to facilitate residents to get up when they chose and to retire to bed at night at their preferred times.

The centre was seen to be clean and tidy on the days of the inspection. Communal areas were well used by residents and their visitors which gave the centre a homely, welcoming atmosphere. The nicely laid out garden areas provided secure and peaceful outdoor spaces for residents. Residents' bedrooms were decorated with photographs and artifacts from home giving them a personal feel.

Questionnaires from residents and their families reflected satisfaction with the services and facilities provided in the designated centre.

Overall the inspector found a high level of compliance with the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector followed up on one outstanding action from the previous inspection report relating to the safe storage of medications and found that it had been adequately addressed.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the services and facilities that were provided in the centre. The document was reviewed regularly by the provider. The statement of purpose was available to residents.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were effective management arrangements in the centre and that there were effective systems in place to monitor the quality and safety of the service. Overall the inspector was satisfied that the quality of the care and experience of the residents was monitored and developed on an ongoing basis.

The centre had a clearly defined management structure in place which was known to staff. The provider is also the person in charge (PIC) and is a registered nurse. The PIC is supported by the director of nursing (DON) and the operations manager. The DON took responsibility for the centre in the absence of the PIC. The operations manager was responsible for non clinical staff such as housekeeping, administration, maintenance and catering teams. Staff who spoke with the inspector were clear about the management structure and who to report issues to. Residents and families who spoke with the inspectors said that they regularly saw the PIC and other members of the management team and that they were approachable.

The management team were supported by two administrators based in the centre who took responsibility for reception duties, resident finances and maintenance of staff and resident records.

The inspectors found that there were clinical governance systems in place which included an audit programme and regular staff and management meetings. Records showed that the audit programme included key areas such as medication management, nutrition and hydration, falls, psychotropic medications, restraints, infection control, complaints and care records.

Documents showed that the operations manager met regularly with the heads of departments for housekeeping, maintenance and catering. The PIC and DON met with nursing, care and activities staff four monthly and minutes were kept and circulated to the relevant groups. Documents showed that issues such as complaints, incidents, staff performance and changes to policy or working systems were discussed.

The inspector found that residents and their relatives were consulted with. For example a survey of the service had been completed for 2016 and an analysis of the findings was used to develop an action plan for 2017. The action plan included adding a resident signature box to the care plan documentation to assure that residents had been involved in the development and review of their care plan. A second action was the introduction of a pictorial communication aid to support effective communications with those residents having difficulties letting staff know what they wanted to say.

Staff committees had been put into place to review particular areas of care and services such as end of life care and food and nutrition. These committees involved all levels of front line staff and helped to ensure that staff ideas and views were listened to and were used to inform practice and to improve services.

Staff handover meetings were held at the beginning of each shift. These had been developed to include staff training and updates on items including policy development, incident reviews and the results of audit findings. Handover documentation was comprehensive and staff who spoke with the inspector were clear about their responsibility to listen at handover and to read the required information about individual residents in order to provide safe and appropriate care.

Judgment:
Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there was a policy in place for the provision of information to residents available in the centre. There was a written resident's guide in the centre which met the requirements of the Regulations. The guide was available to residents and families.

A sample of resident's files was reviewed and the inspector found that written contracts were in place for residents which outlined the terms and conditions of their stay including any additional fees to be charged.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that procedures were in place to safeguard and protect residents from abuse. The designated centre was mostly a restraint-free environment with minimal use of medications for managing responsive (challenging) behaviours, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

There was a clear operational policy in place that set out the procedures for the prevention, detection and response to elder abuse. The staff training records documented that staff had attended training on safeguarding and elder abuse during induction and ongoing training in the centre. The inspector spoke with staff and found that they were able to articulate the policy and procedure to follow in the event of an

allegation, suspicion or disclosure of abuse. Staff were also clear about who to go to report concerns regarding abuse. The inspector was satisfied that the person in charge knew how to respond to an allegation of abuse if it was reported to them. Residents who spoke with the inspector said that they felt safe at the centre which was verified in the questionnaires that were returned to HIQA.

The inspector reviewed the designated centre's policy on the management of responsive behaviours. The policy described the types of responsive behaviours and the approaches that should be used for identifying causes of responsive behaviours. Staff had attended training on the management of responsive behaviours as part of the centre's ongoing training programme.

Staff knew the residents well and was able to describe the triggers for responsive behaviours and the most appropriate way to respond to reassure and support individual residents. This was documented in the resident's care plans. During the inspection staff were observed using a gentle approach to calm and support residents who became agitated. The inspector noted that the care provided in the designated centre was very person centred.

There was a policy in place setting out the procedures relating to the use of restraint (physical, chemical or environmental). On the few occasions where restraints had been used, the inspector found that a risk assessment had been completed that identified the risks and the options that had been tried prior to the decision to use restraint. All as required medications were clearly prescribed by the resident's GP. The administration of as required medications were recorded and reviewed monthly or more often if a resident's needs changed. The designated centre carried out regular audits of as required medications.

The centre had clear systems in place in relation to resident's finances. Money and valuables kept on behalf of a resident were stored securely.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were procedures in place to promote the health and safety of staff, residents and visitors within the centre.

The inspector found that there were policies and procedures in place to guide practice in

relation to health and safety, infection control, falls management, fire safety and responding to emergencies. Each resident had a personal evacuation plan (PEEP) which described their needs in relation to support and supervision in the event of an emergency. Staff were trained on these policies and procedures as part of their induction training and received regular updates through the centre's ongoing training programme.

There was an up to date health and safety statement in the centre. The centre had a policy in place on risk management which outlined clinical, environmental and occupational risk. It outlined who was responsible for risks and how risk could be evaluated and how to put controls in place. A risk register had been completed and this identified generic risks in the centre including fire risks, medication errors, falls, risk of absconding and responsive behaviours and the processes that had been put into place to mitigate those risks. Residents also had individual risk assessments in place for example falls risks and levels of supervision required for individual residents. The inspector noted that the resident risk assessments promoted resident autonomy and independence where possible.

There were adequate systems in place to prevent and detect a fire emergency in the centre which included fire safety equipment, emergency lights and smoke/heat detectors. The inspector reviewed the servicing records of all and found that they had been serviced in line with fire safety requirements.

Staff who spoke with the inspectors were able to articulate the fire emergency procedures. Records showed that all staff had received training in fire safety. A review of the documentation showed that fire drills were carried out regularly in the centre and that practice evacuations had been completed as part of the fire safety training. The evacuation plan was displayed in various locations throughout the centre.

Inspectors observed that staff in the centre followed appropriate infection control policies and procedures. There were handwash basins with soap and paper towels and hand sanitisers placed at regular intervals along corridors and in clinical areas. Staff were observed to use personal protective equipment (PPE) such as gloves and aprons appropriately. Laundry staff who spoke with the inspectors were able to articulate the procedure which needed to be followed for managing soiled or infectious laundry.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate management systems in place to ensure safe medication practices. The inspector found that the improvements required in relation to the safe storage of medications following the previous inspection had been satisfactorily implemented.

There was a comprehensive medication policy in place which gave clear guidance to nursing staff on the procedures to follow for ordering, monitoring, documenting, administering and the disposing of un-used and out-of-date medications. The policy included the procedure to follow in the event of medication errors. The director of nursing completed monthly medication administration audits and a comprehensive pharmacy audit of all areas relating to medications was completed every three months.

A sample of medication records was reviewed. The inspector found that the records included the name of the drug and the time of the administration and that the nurse signed the medication record after each administration. The drugs were administered within the prescribed timeframes. If a resident refused medication this was recorded correctly. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing and liquid alternatives had been sourced where possible. Staff administering medication were seen to follow appropriate medication management practices in line with relevant professional best practice guidance. Residents' medication was reviewed regularly by their GP.

Medications were stored securely. Controlled drugs were stored in a locked cupboard within a locked cupboard in the medications room. Nurses kept a register of controlled drugs. They were checked by two nurses at the change of each shift. The inspector checked a selection of controlled drug medication balances and found them to be correct. Medications that needed to be stored in the fridge were stored as directed. Opened medication was labelled with date of opening. The inspector found that the temperature of the drugs fridge had been recorded daily in line with best practice guidance and the centre's own medication policy.

There was an effective system in place to manage the return of out-of-date and un-used medications with records providing a clear audit trail.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each resident had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and or their families.

There were comprehensive policies and procedures in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre and the care planning process that was in use in the centre. The care planning policy described the processes in place to ensure that resident's needs were reviewed four monthly or more often if there was a change in their health or wellbeing and that their care plan was updated accordingly.

A selection of residents' records was reviewed. The inspector found that each resident had a pre-admission assessment completed prior to coming into the centre. Following admission, nursing staff worked with the resident and or their family to complete a comprehensive assessment of the resident's needs including actual and potential risks such as weight loss, falls or responsive behaviours. Where health or social care needs were identified, a care plan was drawn up and agreed with the resident and or their family. Care plans were person centred and provided clear information about individual residents' current needs and preferences for care and routines. For example how residents liked to take their preferred beverages, the activities and pastimes that they had enjoyed at home and their usual daily routines. Clinical risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs and responsive behaviours. Risk management plans were seen to promote residents' independence and self-care abilities where possible.

The inspector found that residents had good access to GP services and a range of allied health care professionals including dietician, speech and language therapy, chiropody, dentist and optician and specialist teams such as the palliative care team, community mental health services and psychiatry of later life. Referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented. For example; modified diets as recommended by the dietitian or speech and language therapist. One resident had been waiting for a review by the specialist tissue viability nurse but due to the lack of resources in this specialty this service was not readily available. The inspector saw evidence that the PIC was pursuing a range of enquiries in order to obtain this service for the resident in order to promote their comfort and wellbeing.

Residents and their families reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in their care or services.

"The nurses always ring me if there is any change." "You can ask them anything."

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also, when residents returned from another care setting to the centre there was a clear summary of the resident's needs and plan of

care.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The inspector found that residents were consulted in how the centre was run and that there was a person centred approach to the residents that respected their privacy and dignity.

Throughout the inspection residents were seen to be making choices about their day to day life at the centre. For example when to get up, what to eat and drink at meal times, where to spend time in the centre and what activities to take part in during the day. There were televisions, radios and newspapers available for residents to access.

Where residents had communications needs these were identified in their assessment and care plans and staff were familiar with the most effective way to engage with individual residents. The inspector observed that staff demonstrated empathy and respect in their dealings with individual residents.

Residents were offered a range of recreational activities to meet their needs and preferences. The centre had a planned activities programme which was organised by a dedicated activities coordinator. The programme included 1:1 and group activities. Residents were seen mobilizing around the unit on their way to the various activities on offer. The activities created a real sense of community and engagement for residents. For example the Men's Shed was popular with some of the male residents. The group had recently won a national award for their work which was on display in the centre. One morning during the inspection the group were meeting in the conservatory area and sharing stories about the tools and work implements that they had collected in their tool box.

Another group of residents enjoyed gardening during the summer months and created container displays for the centres garden areas. During the inspection residents and their families reported a high level of satisfaction with the activities programme and the inspector noted that it was a particular strength of the centre.

There were regular residents meetings and records showed that topics such as meal choices and activities in the centre were regularly discussed. Residents told the inspector that they saw the provider and the person in charge regularly and that they were approachable. Records showed that resident feedback was listened to and was used to improve services. For example menus were reviewed to take account of resident's feedback and when residents had requested better access to a sports channel on the television this was sourced and provided by the centre.

Residents were supported to engage in religious activities of their choice. Mass and communion were available in the centre. Staff were aware of individual residents religious preferences and needs and were respectful of same.

There was access to advocacy in the centre and details were provided in the resident's guide and on notices throughout the centre.

Residents were supported to vote in elections if they wished to do so.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate numbers of staff with the necessary skills and experience to meet the needs of residents.

The inspector reviewed the staffing levels, actual and planned staff rosters, staff training records and spoke with staff, residents and visitors. The inspector found that there were sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents who lived at the centre.

The planned rosters took into account the layout of the centre and the levels of care and supervision required. Staffing levels were reviewed regularly in response to changing resident dependencies and care requirements. In response to resident feedback and an audit of call bell response times the centre had developed new shift patterns to ensure

adequate staffing levels would be available at periods of high resident requests for assistance such as getting up in the morning and going to bed at night.

The clinical nurse manager provided support and supervision for nursing and care staff on each unit.

The inspector found that the centre had sufficient housekeeping, laundry, and catering and administration staff to ensure that the service was run effectively for the benefit of the residents who lived there. Ancillary staff reported to the centre's operations manager. There was a clear roster in place for staff in all departments. The roster reflected the staff that was working in the centre on the days of the inspection.

Staff were seen to be respectful and cooperative in their dealings with each other and with the residents and their visitors. Residents and their families expressed high levels of satisfaction in their relationships with the staff team at the centre often commenting on their kindness and courtesy.

The centre had rigorous selection and recruitment processes in place. Potential new recruits were interviewed by a resident representative as part of their selection process. All staff had a probationary period during which attitude, attendance and competencies were reviewed with the individual. Staff records showed that performance issues were addressed promptly by the management team. As a result staff were clear about their roles and responsibilities and were observed to take responsibility for their work.

Training records showed that staff had been provided with a rigorous induction training which included mandatory sessions in the centre's policies and procedures, key health and safety issues such as infection control, fire safety and moving and handling and relevant legislation such as the prevention of abuse and restraint. The centre had an annual training programme which included mandatory training in moving and handling, prevention of abuse and fire safety as well as other relevant training including managing responsive behaviours, dementia awareness, nutrition and hydration and end of life care. Mandatory training sessions were booked for the rest of the year and records showed that all staff would have completed their mandatory training requirements by the end of 2017.

The inspector reviewed a selection of staff files and found that most contained the information relating to each member of staff as required in Schedule 2 of the regulations. However one member of care staff had not completed the final module of the required FETAC Level 5 training. This was addressed immediately and the member of staff was registered to complete the module within four weeks of the inspection.

Records showed that nursing staff were registered with the Irish Nursing and Midwifery board.

The provider informed the inspectors that all staff and volunteers working in the centre were Gardaí vetted. This was verified in the staff files that were reviewed by the inspector.

Judgment:
Compliant

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Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann Wallace
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority