

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Larchfield Park Nursing Home
<b>Centre ID:</b>	OSV-0000056
<b>Centre address:</b>	Monread Road, Naas, Kildare.
<b>Telephone number:</b>	045 875 505
<b>Email address:</b>	sara@larchfieldpark.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Larchfield Nursing Homes Limited
<b>Provider Nominee:</b>	Sara Dillon
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	72
<b>Number of vacancies on the date of inspection:</b>	3

## **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.

**Compliance with the Health Act 2007 (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.**

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:
16 September 2014 08:30	16 September 2014 17:30
17 September 2014 09:00	17 September 2014 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

As part of the inspection, the inspector spoke with residents, family members, and staff. The inspector observed practices and reviewed documentation such as care plans, medical records, accidents and incident logs, policies, procedures and staff files. The inspector reviewed questionnaires that had been completed by both residents and their family members about 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 any outstanding actions generated from the most recent

inspection report, and found that they had all been adequately addressed. Most notable, the inspector found great improvement in the clinical governance of the centre since previous inspections. There was a robust system of ongoing monitoring and review, which ensured all areas of care and support were being audited and constantly improved.

There was evidence of good access to allied health care professionals, and clear documentation in relation to the assessed needs of residents. The inspector was satisfied that residents' health and social care needs were being met. Care plans had improved since previous inspections, with any identified need for a resident effectively planned out and met.

The inspector found there to be adequate staffing on duty at all times to meet the assessed needs of residents, with sufficient training available to support staff in their role. Staff were familiar with residents and their individual needs and preferences. Of the 13 relative questionnaires received, two mentioned issues with staffing at certain times of the evening. The inspector discussed this with the provider, and was satisfied that recent changes to the staffing roster and allocated staff hours, had worked well and improved the quality of service on offer to residents.

The designated centre was nicely decorated, with a homely feel throughout. The building and the grounds were safe and secure, and maintained to a high standard. Questionnaires from residents and families reflected satisfaction with the services and facilities on offer in the designated centre.

Overall, there was one area of improvement identified which resulted in non-compliance relating to medication management and the practices in relation to transcribing medication.

The findings of this monitoring inspection are detailed within the 18 outcome headings in the body of this report.

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

***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 was provided in the centre and was kept under review by the person in charge and 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 was satisfied that there was effective management in place in the designated centre. The provider nominee is also the person in charge, and is a registered nurse. The inspector found that the person in charge was supported by a strong management team which demonstrated clear leadership. The management team had robust systems in place to ensure the effective oversight of the provision of services in this centre.

The inspector found that there was a clearly defined management structure in place in

the designated centre which worked effectively. The person in charge was supported by a team consisting of a clinical nurse co-coordinator, a general manager, and senior staff nurses. On a day to day basis, each wing of the centre had a nurse in charge, along with an overall nurse with seniority of the floor. Staff and families were all fully aware of the lines of authority and accountability in the centre.

A highly organised and robust system of audits had been put in place in the designated centre since the previous inspection, which resulted in all areas of care and service delivery being consistently monitored, reviewed, and improved upon. For example, a review of response rates to call bells had been carried out and analysed in detail. Changes to practice were put in place to ensure even quicker response times for residents.

Staff committees had been put in place to review particular areas of care and support. For example, end of life care, and food and nutrition. The inspector was shown an end of life box that had been created by the committee to support families when with their loved ones at end of life. This box included spiritual readings, reflections and meditation music. These committees involved all levels of front line and auxiliary staff, and ensured the views and opinions of staff were listened to and used to inform practice.

The inspector found that residents and their representatives were consulted with. The findings of an analysis survey carried out in November 2013 had brought about changes to the premises. For example, the replacement of floor coverings in some parts of the nursing home.

Overall, the inspector was satisfied that the quality of care and experience of the residents were monitored and developed on an ongoing basis, and that an effective management system was in place in the centre to ensure the delivery of safe, quality care services.

**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):**

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

**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 residents guide in the centre which met the requirements of the Regulations, and was available to residents and visitors.

On review of a sample of residents files, the inspector found that written contracts were in place for residents which clearly outlined the terms and conditions of their stay, and any additional fees to be charged.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

The person in charge demonstrated her knowledge of the Regulations and the Standards and her statutory responsibilities. All documentation requested by the inspector was readily available.

The person in charge had maintained her continuous professional development. She had undertaken a Level 6 qualification in Gerontology in June 2014. The person in charge meets the requirements of the 2013 Regulations in relation to holding a management qualification, obtained in 2008. She is supported in her role by the clinical nurse co-ordinator, senior nurses, and the general manager.

The inspector was satisfied that the designated centre is managed by a suitable person in charge.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Governance, Leadership and Management
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The inspector found that documentation in relation to residents was highly organised and up dated regularly. Adequate insurance cover was in place. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 06: Absence of the Person in charge</b> <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence, with the clinical nurse coordinator identified as the person to deputise for any absences.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 07: Safeguarding and Safety</b> <i>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.</i></p>
<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p>



**Findings:**

The inspector was satisfied that there were measures in place to safeguard residents from being harmed or suffering abuse in the designated centre. There was an operational policy in place on the prevention, detection and response to elder abuse. The inspector spoke with staff members, who had knowledge of the reporting procedure, and what to do in the event of an allegation or suspicion. On review of the training records, the inspector found that some staff required training in this area, the person in charge provided the inspector with a date the following week to ensure all staff were up to date. Through speaking with residents and reviewing resident questionnaires, the inspector found that residents felt safe living in the designated centre.

The inspector was satisfied that there were robust systems in place to safeguard residents' money. There was a policy in place which detailed how the centre protects residents' finances. The inspector found practices in relation to this were robust with an accounts ledger system in place for residents who required this support with managing their finances.

There were policies in place to guide staff on supporting residents with behaviours that challenged, and on the use of restraint. The inspector reviewed documentation in relation to both areas, and found them to be adequately risk assessed and supported. A recent challenging behaviour audit had been carried out in August. The inspector was satisfied that any restraints were being managed in line with national guidance and that the centre was promoting a restraint free environment as much as possible.

**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):**

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

**Findings:**

The inspector was satisfied that there was a good culture of promoting the health and safety of all residents, staff and visitors in the designated centre.

There were policies and procedures in place to guide practices in relation to health and safety, infection control, falls management, fire, responding to emergencies and risk. There was an up to date health and safety statement available.

There were adequate systems in place to prevent, detect and alert fire in the designated centre, which were checked and maintained on a regular basis by a suitably qualified

professional. There was evidence of fire drills being carried out regularly, the evacuation plan was on display in various locations around the building, and staff had access to regular training in the area of fire safety and evacuation. On day two of inspection, the fire alarm was set off, and the inspector observed the fire procedure in practice. This was carried out in line with the written procedure, and in a swift manner. Staff were fully aware of what to do.

The risk management policy and procedures were comprehensive and fully meet the requirements of the Regulations. Both environmental and clinical risks were identified and well managed within the centre. Risk assessments were updated as required. For example, a risk assessment had been carried out following the installation of a chicken coop for a resident, and all risks identified and managed.

**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:**

The inspector was satisfied that each resident was protected by the designated centre's practices of medication management, with one improvement required in relation to the practice of transcription. There was a selection of policies and procedures in place which outlined best practice in relation to medication management.

The inspector found that documentation in relation to prescriptions and administration of medication was very clear and staff nurses could clearly outline their practices in relation to the ordering, prescribing, administration and disposal of medication, which were in line with the centre's policy. Administration was observed to be in line with the nursing guidelines. There was adequate and secure storage for medication, with medication requiring refrigeration stored appropriately, and monitored daily. The practices in relation to the storage and recording of controlled drugs (MDA's) in the designated centre were robust and in line with legislation.

The clinical nurse coordinator carried out regular medication audits on medication management practices within the centre. The inspector found evidence of positive changes to practice following on from these audits. There was a low rate of medication errors in the designated centre, and the inspector was satisfied that there was clear recording and monitoring of any possible medication errors. This was also included in the audit system.

Practices in relation to transcribing of prescriptions were in need of some improvement to ensure that the transcribing nurse, along with the second staff checking were consistently signing to verify same. In general, practices in relation to medication management were very clear, well organised and in line with best practice.

**Judgment:**

Non Compliant - Minor

**Outcome 10: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the accident and incident log for the designated centre and found that any notifiable event, had been appropriately alerted to the Authority in line with the Regulations and set time frames.

**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):**

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

**Findings:**

The inspector was satisfied that residents' well-being and welfare was maintained by a high standard of evidence based nursing care. The inspector found that residents' health needs were met through timely access to allied health care professionals and treatment. For example, on review of residents' medical notes, the inspector found good access to their General Practitioner, tissue viability nurse and palliative care team. A dietician and speech and language therapist (SALT) were available, when required through a food supplement company, and there was evidence of residents' timely access to this in their

medical notes.

The inspector reviewed a sample of residents' care plans, and found clear and up to date documentation in place. Residents' had appropriate pre-admission and continuous assessments to capture their individual needs, and care plans drawn up to reflect the care offered to meet these needs. This had been improved upon since the previous inspection, with staff nurses now allocated extra hours each week specifically for the updating and review of care plans. This allocated time was working well, as the inspector found every identified need or risk, had an up to date care plan in place. The inspector spoke with staff, and found them to be knowledgeable on individual needs of residents and the contents of their care plans. The inspector found that care plans were reviewed as residents' needs changed, but no less than a three monthly basis.

The inspector reviewed the use of restraint within the designated centre, and found them to be risk assessed in line with best practice, and each resident in use of a bed rail had this clearly outlined in their care plan. There was evidence of alternatives tried and of regular checks at night time to ensure residents' safety.

The inspector found that any clinical risk for individual residents had been appropriately assessed and managed. For example risk of malnutrition, and risk of falls. Other specific areas of risk or care had been adequately assessed and managed and evidenced in individual residents care plans. For example, residents with behaviour that challenged, dementia or warfarin therapy. These were clearly outlined in residents' care plans to guide staff in their delivery care.

The inspector was satisfied that residents' social care needs were being met within the designated centre. There were two full time staff dedicated to running activities and meeting the social needs of residents. The inspector found that each resident had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their individual interests and preferences. For example, a resident who had worked as a french polisher, was assisting the activities staff to polish woodwork. Also, the provider had erected a chicken coop for residents on the premises. The inspector was shown a number of rummage boxes for individual residents which had tactile pieces and photographs linked to important memories and milestones in their lives. These had been made with residents along with their family members where possible. The inspector reviewed the weekly timetable and spoke with residents, and found there to be a wide variety of group activities in place, along with the individual social activation available. For example, music, reminisce therapy, art and crafts, letter to pen pals. Local community groups and individuals were often invited into the centre and encouraged to get involved. For example, a local school group had run a talk/ demonstration on hand hygiene for staff and residents. The centre had recently celebrated 25 years in operation, and residents spoke of the wonderful week of activities and events to celebrate this.

**Judgment:**  
Compliant

***Outcome 12: Safe and Suitable Premises***

*The location, design and layout of the centre is suitable for its stated purpose and meets*

*residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector was satisfied that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. This designated centre was purpose built in 1989. Overall the inspector found that the premises were decorated and maintained to a good standard and had suitable heating, lighting and ventilation. On the day of inspection the building and surrounding grounds were clean and well presented. The building was equipped with a functioning call bell system.

The provider had installed doors in the centre, to fully enclose the internal smoking area, and ensure the smell of smoke was contained. The nursing home had a pleasant smell on the two days of inspection. These were two areas identified for improvement at the previous inspection.

There was sufficient communal spaces available for residents' use throughout the building, the garden was fully accessible, and included numerous external seating area. The inspector saw residents enjoying this outdoor space over the two days of inspection.

The inspector reviewed documentation in relation to the maintenance and upkeep of equipment such as hoists, wheelchairs and beds and found them to be regularly serviced.

The designated centre had a separate kitchen with sufficient cooking facilities and equipment. The designated centre had adequate laundry and sluicing facilities in place. Screening was in place in bedrooms that had more than one resident. Frosted covering had been installed on the small windows on bedroom doors, which was an improvement since the previous inspection.

There were two three bedded rooms in the designated centre. The inspector found that these rooms had sufficient space between beds, with lockers in between, had adequate screening to promote privacy, had three large double wardrobes, and an en suite bathroom. The room also had a large television. The inspector found that there was enough space to operate a hoist if required.

**Judgment:**

Compliant

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

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

The inspector was satisfied that the complaints of each resident, his/her family, advocate or representative and visitors were listened to and acted upon. There was an operational complaints policy in place, and the procedure was clearly on display in the centre. The policy and practices in relation to complaints, met the requirements of the Regulations. The inspector spoke with family members who were clear on the reporting process if they had any complaints. On review of the complaints log, the inspector was satisfied that complaints had been acted upon and reviewed as an opportunity for further learning. Yearly overview audits were carried out on complaints for the past number of years, along with monthly audits to identify all findings and learning.

The inspector spoke with residents, who expressed that they would go to any of the staff if they had a complaint, and felt they were approachable. Residents also named the person in charge as the person to go to if they wished to make a complaint.

The inspector was satisfied that there was a sufficient process in place guided by the centre's policy, where residents felt they could voice their concerns or complaints, and they would be acted upon and monitored.

**Judgment:**

Compliant

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents received care at the end of his/her life which met his/ her physical, emotional, spiritual and social needs and respected residents' dignity and autonomy. The inspector reviewed the policy in relation to end of life care,

and found it to be satisfactory to guide practice in this area. Staff were familiar with the policy in relation to end of life care. There was an end of life committee in place which included staff from all areas in the centre. The inspector found staff on the committee were passionate about ensuring residents received holistic care at the end of their lives. This committee had brought about positive changes. For example, the committee had introduced an end of life box which contained spiritual readings, reflections, and musical meditation for families to use at residents bedside when they were end of life. Also new subtle signs had been created to symbolise when a resident had died, or was end of life.

The inspector reviewed a sample of residents' care plans, and found their wishes and preferences for end of life had been discussed and documented. The inspector was satisfied that the care offered at end of life was person centred.

On review of documentation and from speaking with the person in charge, the inspector was satisfied that there was good access to specialist palliative care services were required or appropriate, and evidence of ongoing assessment and pain management.

Practices in relation to residents rights to refuse treatment had been strengthened in recent weeks, with very clear documentation and knowledge around residents' wishes for resuscitation and transfer to hospital. There was a symbol system in place on residents charts, and inside their wardrobe doors to alert staff to someone's wishes in this regard. The inspector viewed a large sample of files, and found practices in relation to residents' right to refuse treatment were very clear, well documented and consented by medical professionals in line with legislation.

**Judgment:**  
Compliant

### ***Outcome 15: Food and Nutrition***

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**  
Person-centred care and support

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

No actions were required from the previous inspection.

### **Findings:**

The inspector was satisfied that residents received a varied and nutritious diet that offered choice.

The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were accommodated. There was a nutrition committee in place in the centre consisting of staff from all areas.



The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry.

Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the SALT for those residents who required this. The recommendations from these professionals were included in the care plans and followed.

The inspector found that the cook had clear knowledge on the dietary needs of residents including their requirements for modified diets where required. Information on residents' individual needs was available in the kitchen, updated regularly, and the inspector found it to be in line with the information outlined in the residents' care plans. Residents who required modified consistencies, had the same choice as other residents, and had these presented in appetising and appropriate ways. The chef was knowledgeable on the use of fortification for certain residents who were at risk of malnutrition.

**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):**

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

**Findings:**

The inspector was satisfied that residents were consulted with and participated in the organisation of the centre, and that each residents' privacy and dignity was respected.

The inspector found that there was a system of consultation with residents where their feedback was sought and informed practice. The inspector reviewed minutes of the residents' forum meetings and found that they were held on a monthly basis, and were well attended. An analysis survey of the opinions of families was carried out in November 2013, and the inspector saw evidence that suggestions had been acted upon. For example, carpets had been replaced in certain parts of the centre.

The inspector spoke with a number of residents, and reviewed questionnaires, and



found that residents felt that they had choice and control over their daily routines. Over the two days of inspection, the inspector found that residents were supported and treated in a respectful manner, with positive interactions observed between staff and residents. There were arrangements in place for residents to receive visitors in private, with a number of communal areas available. The inspector found that residents had access to radio, television, newspapers and information on current affairs and local events.

Overall, the inspector was satisfied that residents' rights and dignity were respected, and they were appropriately consulted with in regards to the organisation of the designated centre.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions***

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were systems in place to safeguard residents' clothing, personal property and possessions. There was a relevant policy in place to guide practice. The inspector found practices in relation to this were sound.

Residents' clothing was labelled upon admission to ensure safe return following laundering. The inspector spoke with residents who said their clothing was well cared for, and returned to them safely. On review of the complaints log in the designated centre, there was no pattern of complaint in this regard. There was laundry facilities available to residents if they wished to launder their own clothes, but at present this was not being used.

Residents were provided with lockable storage in their bedrooms for personal items, and were encouraged not to keep large amounts of valuables or money.

**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):**

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

**Findings:**

The inspector found that the number and skill mix of staff in the designated centre was adequate to meet the assessed needs of residents. The inspector reviewed the rosters and found them to be consistent, with four nurses on duty at all times, along with the nurse in charge and the clinical nurse coordinator. A recent review of staffing had been carried out, and changes made to the roster to ensure extra staff were assigned to the times identified as being busy in the centre. This was something that had been noted in the relative questionnaires. However, the inspector was satisfied that there had been an effective review of the staffing, and positive changes made to ensure adequate staffing at all times of the day and night. Additional hours had also been allocated to the nursing staff each week to allow them sufficient time to carry out administration duties, which resulted in complete care plans for residents as discussed under outcome 11.

The inspector reviewed staff files and staff training records, and found the information required in relation to staff was present and in line with the requirements of Schedule 2 of the Regulations.

The training records indicated that staff had received up to date training in the mandatory fields in line with the centre's own policies.

The person in charge had adequate supervision and appraisal systems in place for staff. The inspector reviewed documentation in relation to this on each staff's file. The induction process for new staff was extremely thorough, and well documented.

There was a policy in place in relation to the recruitment, selection and vetting of staff which was implemented in practice, and was in line with best recruitment practices.

**Judgment:**  
Compliant

## **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:***

Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Larchfield Park Nursing Home
<b>Centre ID:</b>	OSV-0000056
<b>Date of inspection:</b>	16/09/2014
<b>Date of response:</b>	10/11/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 09: Medication Management

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The signature of the transcribing nurse, and second check on prescription documentation was not in place.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**

It is the policy and practice of the nursing home that when nurses are transcribing medication, two nurses check and sign the documents. During the inspection the inspector noted some prescription sheets that were signed by only one nurse, this was an oversight on our part. Going forward the Clinical Nurse Coordinator will audit the safe practise of transcribing during the 3 monthly medication management audits. All nurses have received education on medication transcribing practises to ensure that the transcribing nurse, along with the second nurse, are checking and singing to verify same.

**Proposed Timescale:** Completed