



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

## Issued by the Chief Inspector

Name of designated centre:	Larchfield Park Nursing Home
Name of provider:	Larchfield Park Care Centre Limited
Address of centre:	Monread Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	15 June 2021
Centre ID:	OSV-0000056
Fieldwork ID:	MON-0030424

## 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:	45
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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
Tuesday 15 June 2021	09:40hrs to 18:40hrs	Liz Foley	Lead

## What residents told us and what inspectors observed

There was a very welcoming and homely atmosphere in the centre. Resident's rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for within the confines of the service. The centre had recovered from an outbreak of COVID-19 in April 2020 and residents were pleased that visiting restrictions had lifted and daily life in the centre was gradually returning to normal. The inspector spoke with eight residents and two visitors and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm throughout and there was a relaxed, homely and welcoming atmosphere. The centre was clean to a high standard with the exception of some areas of the centre which required maintenance, for example, ongoing painting improvements in bedrooms which the provider was addressing in their improvement plan. Alcohol hand gels and some hand washing sinks were readily available throughout the centre to promote good hand hygiene.

One entire wing of the centre remained vacant as an isolation unit. This wing was fully self-contained and included a day/dining room, sluice room and staff office. The centre had maintained a lower occupancy level following an outbreak of COVID -19 in April 2020. Some multi occupancy rooms had reduced their bed numbers for infection control reasons, for example, three bedded rooms had temporarily reduced to two beds and some twin rooms were single occupancy to allow for social distancing. The single storey facility had communal space including a spacious day room, main dining room, sun room, activity room, quiet room and an indoor smoking room for residents who chose to smoke. The centre was suitably furnished with nice pieces of furniture and resident's art works displayed. There were assistive handrails to aid residents to mobilize safely around the building. There was an internal courtyard space with access from two sides of the centre and residents and staff were observed enjoying activities here during the afternoon of the inspection. There were additional outdoor spaces at the rear of the centre, one of which had chickens, these were very popular with some residents. All communal spaces enjoyed natural light and residents were observed in various communal spaces throughout the day.

The centre had created a memorial wall to the residents who passed away due to COVID -19. It was evident that staff were still saddened by the loss of life, however they had access to supports if they wished to avail of them. Staff spoke fondly about the characters they lost and felt at times during the outbreak that they were fighting an invisible enemy. However there was also a sense of comfort that each resident who passed away was not alone on their final journey as either family or staff were present with them. The staff and management team have continued to work hard to

recover from this very difficult time and this was very evident in the positive feedback received from the residents.

The inspector was met by both staff and residents who were very welcoming. Residents were observed walking at the front of the centre and coming and going throughout the day. Residents looked well cared for and were observed engaging with each other and with staff in a friendly and respectful manner. Residents were very familiar with the senior management team and with all staff whom they spoke fondly about. Residents frequently expressed a sense of belonging and had built up positive relationships with staff and management in the centre. One resident explained how she felt safe in the centre and that her quality of life had improved as she enjoyed the benefits of good company and still had options to spend time alone if she wished. Residents were overwhelmingly positive about the staff in the centre. Residents described the staff as 'fantastic, amazing, and brilliant' and stated they could not do enough for them and often went 'above and beyond' their role. Residents described the care and service as 'top class' and stated all of the staff and the management team were always available and always kind. Recent resident satisfaction surveys were mostly positive and the centre were undertaking a review of menu's and food following this feedback. There was a 'nutrition and hydration week' going on in the centre with a focus on introducing more fresh fruits and encouraging resident to drink more water and juices.

Visiting was a normal part of daily life for residents' pre-COVID and both residents and visitors were happy to resume indoor visiting. Visits were facilitated in the quiet room or the resident's bedroom. Families and friends could visit by calling the centre to book a visit. Infection control procedures were in place to ensure the ongoing safety of all residents and visits were in line with the current national guidance.

There was a rights based approach to care and residents were supported to make choices and decisions about care in accordance with their preferences. Residents who were unable to or who required support making decisions had access to an independent advocate and their care representative was consulted. There were good arrangements in place to ensure all residents had access to activities in accordance with their needs and preferences. Additional staff were allocated to ensure residents with one-to-one needs were catered for. Group activities were observed throughout the day including 'race day' which was a very lively and fun activity for all of the horse-racing enthusiasts. Residents had missed a lot of the community based activities they would normally enjoy but some of these were starting to return safely, for example, the men's shed which had been a part of the centre's activity programme for almost seven years. However there was still a varied selection of activities on offer which included the ever popular bingo, knitting club, writing club, arts and crafts, and daily mass on TV, newspapers and one-to-one sensory activities.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

There were effective management systems in place to monitor the quality and safety of care resulting in a good quality of life for residents. The centre was effectively managing identified risks and had improvement plans in place to eliminate these risks. The centre was adequately resourced and mostly compliant with the regulations. The centre had experienced a bad outbreak of COVID-19 in April 2020 and robust infection prevention procedures remained in place to maintain the safety of residents and staff.

Larchfield Park Care Centre Limited was the registered provider for Larchfield Park Nursing Home. The company had three directors, one of whom was the person in charge who worked daily in the centre. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities. The person in charge was supported by a full time director of nursing, clinical nurse manager and team of nursing, caring, housekeeping, catering, maintenance, activities and administration staff.

This was an unannounced inspection to monitor ongoing compliance in the centre and to follow up on actions from the previous inspection. Overall the service had worked hard and made improvements in many areas of compliance. Improvements were found across a number of regulations including, 15 staffing, 16 training, 23 governance and management, 34 complaints, 26 risk management, 27 infection control, 28 fire precautions and regulation 5 individual assessment and care planning. Improved oversight of the service resulted in a safer and more quality focussed service for residents. For example, from feedback on recent quality questionnaires the senior management team were currently undertaking a review of the dining experience and food quality in the centre, this review will inform ongoing quality improvements. There was good oversight of clinical care and key performing areas which was evident in the improved levels of compliance found and in the comprehensive and ongoing schedule of audits completed in the centre. Audits were objective and informed ongoing quality improvements.

There were sufficient resources to provide care in line with the centre's statement of purpose, additional staff resources had been put in place since the last inspection for housekeeping, activities and training/supervision of staff. There were sufficient staff available to meet the needs of residents. There were two nurses on duty over 24 hours to allow the centre to implement their contingency plan for COVID -19 should they have a suspected or positive case. Additional staff resources had been allocated for housekeeping and activity provision since the last inspection. Staff were knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene.

Improvements were found in staff training. The centre had developed competency

frameworks for various staff roles in order to provide assurances that staff were fully appraised of the scope of their role and competent to perform it. There was increased levels of supervision for all staff with the addition of a nurse led health and safety oversight role. This role provided additional expertise in audits and training to support staff in all aspects of their work. Oversight of training needs in the centre was good. Training had continued throughout the periods of restriction due to COVID-19, this was facilitated by on-line and remote learning where appropriate. There was comprehensive suite of mandatory and additional training provided and staff were fully supported to complete all training.

There was a positive culture of reporting in the centre and good records were maintained, for example, records of complaints were comprehensive. The centre had amended their complaints procedures and now had a nominated compliance person to monitor the management of complaints in line with the regulations. The centre promoted the recording of concerns and complaints and used the information for ongoing learning and quality improvement. Based on a sample of complaints viewed there was a responsive approach by management to engage with the complainant and find mutually agreeable solutions to issues and problems. The provider was undertaking to review documentation of complaints to ensure it contained consistent information, for example, if the complainant was satisfied with the centre's investigation.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. There were two nurses on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19. Improvements were found in staffing allocations for household staff and activity staff. Additional nursing hours had been allocated to health and safety training and supervision.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.



Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

There were sufficient resources to provide services as described in the centre's statement of purpose. Management systems had improved and were effectively monitoring quality and safety in the centre. For example, a full centre fire safety review by a competent person had resulted in many safety improvements in the centre from fire containment to evacuation procedures.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

## Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Activity provision was good and visiting was ongoing with both indoor and window visits in line with the national guidance. There was a rights based approach to care, both staff and management promoted and respected the rights and choices of resident's within the confines of the service.

Improvements were found in fire safety. The provider had engaged the services of a competent fire consultant to review all aspects of fire safety in the centre and had completed a schedule of works to improve the issues identified and recommended by this review. The centre continues to carry out regular fire safety audits to ensure ongoing safety of all residents and staff and ongoing compliance with the regulations. The centre's largest compartment had the capacity to accommodate 15 residents however on the day of inspection 10 residents currently resided in this section of the centre. Evacuation drills had been practiced in the centre's largest compartment based on night time staffing levels to demonstrate the capacity to evacuate in a worst case scenario. The provider was undertaking to continue to review the dependency levels of residents in large fire compartments to ensure that in the event of fire each resident could be safely evacuated.

There was good oversight of risk in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

Improvements were found in the centre's infection prevention and control procedures. The centre continued to maintain infection prevention and control procedures to help prevent and manage any future outbreak of COVID-19. For example, symptom monitoring of residents and staff for COVID-19, strict monitoring of visitors being welcomed into the centre and staff were continuing with routine screening. A successful vaccination programme was completed in the centre and there were arrangements for the vaccination of new residents and staff.

Staff were observed to have good hand hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place with additional staff resources in place since the previous inspection. The centre looked clean throughout with all actions completed following the last inspection, for example, sluice rooms had been refurbished with new stainless steel racking, shelving and drip trays. Shared equipment was on a deep cleaning schedule and was cleaned and stored appropriately in the centre. Record keeping of cleaning had been reviewed and improved also with comprehensive records of regular housekeeping, deep cleaning and cleaning of high touch areas maintained. There were ongoing and effective

environmental audits which were continuously informing high cleaning standards and improvements in the centre. The premises was meeting the needs of residents. Multi-occupancy bedrooms had temporarily reduced occupancy to facilitate social distancing and there was a choice of communal spaces that residents could use.

There was good standard of evidence based care planning. Residents' needs were comprehensively assessed and appropriate care plans were developed to meet individuals' needs. Records viewed included comprehensive reviews from allied health professionals and the residents' GP. There was ongoing review of residents needs and end of life care plans had sensitively considered residents' preferences. Resident were kept informed of changes to their care plan and were involved in the care planning process if they choose.

Residents were supported to access health care services and had good access to their GP and allied health professionals as required. A minority of residents experienced episodes of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Improvements were found in the assessment of responsive behaviours. A sample of assessments viewed were appropriately identifying antecedents to episodes of responsive behaviour. This information assisted staff in reducing the impact and frequency of these episodes and overall improved the residents' experiences and quality of life. The centre were also promoting a restraint free environment with only one restrictive bed rail in use on the day of inspection. All restrictive practices were risk assessed and monitored in line with the national policy.

Resident and visitors alike were delighted to have indoor visits resume. Visitors were observed coming and going throughout the day. There were safe visiting spaces within the centre and suitable spaces for window visits to continue. Safe systems were in place to facilitate booking and safe visiting for residents. Residents could also receive visits in their bedroom. Window visits had continued throughout level five restrictions for COVID-19.

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following long periods of social restriction due to COVID-19 and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents. Residents in shared accommodation were assessed for compatibility and three bedded and twin bedded rooms had temporarily reduced occupancy to mitigate against the risk of infection caused by COVID-19. This resulted in increased opportunities for privacy for those residents who normally shared bedrooms.

## Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had a booking system for visiting in place and relatives and friends visiting at the centre had symptom and temperature checks and screening questions to determine their risk of exposure to COVID-19.

Judgment: Compliant

### Regulation 17: Premises

Areas of the centre were currently undergoing maintenance, for example, bedrooms had minor repairs to plaster work done and painting was planned. Occupancy in three bedded rooms was currently reduced to two beds to facilitate social distancing, similarly some double rooms were temporarily at single occupancy. There was a choice of communal spaces for residents to use and access to safe outside spaces.

Judgment: Compliant

### Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. A register of live risks was maintained which included additional risks due to COVID-19, these were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and the vaccination programme for COVID-19 had been completed.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had been fitted with suitable free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

The provider submitted a drill record following the inspection which reflected current compartment occupancy and night time staffing levels of 12 residents and six staff. This drill demonstrated the centre's ability to evacuate the compartment in a reasonable time frame however ongoing drills are required to improve evacuation times and implement learning identified. Equally an ongoing review of the dependency levels of residents in the centre's largest compartment was required to ensure safe evacuation in the event of an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following long periods of social restriction due to COVID-19 and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents. Residents in shared accommodation were assessed for compatibility and three bedded and twin bedded rooms had temporarily reduced occupancy to mitigate against the risk of infection caused by COVID-19.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant