

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Larchfield Park Nursing Home
Centre ID as provided by the Authority:	056
Centre address:	Monread Road
	Naas
	Co. Kildare
Telephone number:	045 875505
Fax number:	045 875277
Email address:	info@larchfieldpark.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Larchfield Nursing Home Ltd.
Person in charge:	Sara Dillon
Date of inspection:	01 September 2009
Time inspection took place:	Start: 09:30hrs Completion: 19:30hrs
Lead inspector:	Aileen Keane
Support inspector(s):	Carol Grogan
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Larchfield Park is a purpose-built residential centre which opened in 1988. The centre is registered for 57 places and is a single story building. The accommodation consists of 29 single rooms, 11 twin rooms and two rooms with three beds. There are a number of communal areas available for use by residents, including a large sitting room and separate dining room, a smaller sitting room and a combined seating/dining room. There is also a large seating/dining area for more dependent residents which has direct access to an enclosed garden. There are three enclosed secure courtyards with seating for residents.

Smoking facilities are provided for residents in a glazed corridor area.

There is car parking available for relatives and other visitors to the front of the centre.

Location

Larchfield Park is located on the Monread Road approximately 1.5 miles from Naas town centre.

Date centre was first established	1988
Number of residents on the date of inspection	46

Dependency level of current residents	Max	High	Medium	Low
Number of residents	11	10	16	9

Management structure

Ellen Dillon is the provider and Sara Dillon is the Person in Charge, who reports to her. The Person in Charge is supported in her role by the Financial Controller, Bernadette Dillon. All other staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	6	4	2	1	1	Financial Controller

Summary of findings from this inspection

This was an unannounced inspection. The Chief Inspector received information which raised concern about infection control and the availability of gloves and aprons for staff, inadequate food supplies, insufficient activities for residents and poor staffing levels. These concerns were reviewed as part of the inspection.

The inspectors met with the person in charge, the financial controller and other staff members. The inspectors spoke with residents and relatives, observed what happened throughout the day and reviewed records. Inspectors saw a number of the residents' bedrooms, the communal bathrooms, the laundry, kitchen, dining room and other communal areas as well as the courtyards.

Staff were seen to be kind and courteous to residents and all residents spoke highly of the care they received. Residents' healthcare needs were met in a professional and competent manner. However, the assessment and ongoing review of residents' health, personal, recreational and social care needs required significant improvement. There was no formal assessment of the skill-mix and level of staffing required to meet the needs of the residents and at times there was seen to be insufficient supervision in the communal areas. An activity schedule was in place, but it did not meet the needs of the residents in a meaningful way and needed significant improvement.

The person in charge was required to submit an immediate action plan for medication management, to ensure that residents were receiving their medication as prescribed. The medication administration records required urgent attention.

The action plan at the end of this report identifies areas where improvements were required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Standards for Residential Care Settings for Older People in Ireland*.

Residents' and relatives' comments

Residents were very complimentary about the person in charge and staff; they described staff as "kind and nice" and said they "would do anything for you". Residents said they felt listened to. One resident told the inspectors that she had not liked sharing a room and she had been able to move to a single room when one became available.

Most residents and relatives told inspectors they felt there was enough staff on duty to meet their needs. One resident reported that they need more staff in the sitting room area as "you have to wait to get someone's attention to go to the toilet, you could be waiting a while".

Some residents said that there were very few activities available in the home and that they were bored. One resident said they were "sick of painting". Another resident said "it gets very lonely during the day as there is nothing to do".

Many of the residents said there was plenty of food and it was very good and hot.

One relative described staff as "extremely welcoming, very helpful and always have time to discuss how their relative is". Another relative said that "Larchfield is a home from home both for my wife and family".

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

Larchfield Park is a family-run home with the provider, person in charge and the financial controller having a role in the day-to-day management of the centre. The person in charge said she regularly attends the centre at weekends and that there was always someone senior available to the staff nurse in charge.

A senior staff nurse was identified on the roster as being "in charge" at all times. This senior staff nurse supports the person in charge with the organisation and management of care for residents and the supervision of other staff on duty. The senior staff nurse is available to residents and relatives when the person in charge is not available.

The mission statement, dated January 2009, is clearly displayed at the entrance to the centre.

The fire register was seen to be up to date. Fire procedures included a book, available at the entrance, for visitors to sign on arrival and leaving the centre. There is a process in place for staff to check each fire exit on a daily basis, to ensure all exits are safe and clear from obstruction. Inspectors noted that the process was carried out in practice. There was documentary evidence that emergency lighting and fire fighting equipment was regularly checked and serviced. Fire training updates were scheduled for October 2009. Staff were able to clearly explain the fire evacuation procedures to inspectors.

The available policies, procedures and safety statement viewed by the inspectors were specific to the centre and were reviewed by the person in charge each year.

Some improvements required

The inspectors noted that five members of staff had not received fire training since January/February 2008.

Incidents and accidents are recorded by staff. While falls are audited and reviewed on a monthly basis, and improvements are made to reduce the incidents of falls for residents, other incidents such as those relating to challenging behaviours were not recorded.

Significant improvements required

A census of residents is recorded each day. This clearly identifies residents who are in the centre and those who are in hospital, or on leave, so that an accurate list of residents is available in the event of an emergency. However, on the day of inspection, the directory of residents was not an accurate reflection of the number of residents in the centre. Inspectors noted seven residents who had left the centre whose date of discharge was not recorded on the register. The register did not contain all the information, as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

The statement of purpose was in the nursing office and not available to residents. Some items outlined in the statement of purpose did not accurately describe the service provided at the centre. For example:

- the statement of purpose said: "To ensure we have your full participation in this process (care plan) we will formally communicate to you when a review is required". Residents told inspectors they did not know what a care plan was
- the statement said: "We operate a residents' council". The person in charge told inspectors that they were developing a residents' council and it was not yet in place
- the statement did not provide information on the number and size of all rooms in the centre.

There is no policy and procedure for the recruitment, selection and vetting of staff. Not all of the staff files reviewed had information and documentation required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, such as written references, Garda Síochána vetting, evidence of identity including a recent photograph and a full employment history. The person in charge told inspectors that the applications for Garda Síochána vetting for all staff had been submitted.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

The inspectors observed staff interacting with residents in a kind and respectful manner. They demonstrated detailed knowledge about residents' needs.

There are televisions in residents' bedrooms and the sitting rooms. Newspapers were seen to be readily available. Many residents are well informed and chatted to inspectors about current affairs. Music is played in the main sitting room in the morning and residents said they enjoyed it.

Residents are offered a varied and nutritious diet. The chef told inspectors about residents' individual likes and dislikes. The two-weekly menu was developed with information about the residents' preferences. The chef is able to cater for those on specialised diets and those who required a modified consistency diet. The inspectors joined the residents for lunch and found the meal appetising. There was a sociable and lively atmosphere in the main dining room. The rectangular and round tables are conducive to communication among residents. Residents are asked for their choice of meal and this is served to them by the chef from a serving hatch. Eight residents chose to have their lunch in the smaller dining/sitting room. Residents who wish to have their meal in their bedrooms have their lunch presented nicely on a tray. Inspectors saw staff members assisting residents at mealtimes in an individual, discrete and sensitive manner and they used the opportunity to chat and interact with residents. Inspectors saw the chef seeking verbal feedback from residents about the food.

Residents and relatives told inspectors that they could speak to the provider, the person in charge or a staff member if they had a complaint, although they said they "never have to make a complaint". The centre has a complaints policy with a summary of the procedure on display in the front hall. Staff explained their role in complaint management to the inspectors. Forms are available for staff to record any complaint they receive.

Mass is celebrated every Tuesday and inspectors observed it being celebrated in the main sitting room on the day of inspection. Many residents told inspectors that it was important for them to have Mass and it was well attended on the day.

Most residents have access to a telephone in their bedroom and are also facilitated to make telephone calls from the reception area, should they wish.

Residents and relatives told inspectors that there were open visiting hours at the centre and two visitors said they were always welcome. There is a notice on display requesting that there be no visits after 9pm and the inspectors were informed by the person in charge that this procedure is for the safety of residents and staff during the dark evenings, as they cannot see who is at the door. The person in charge informed the inspectors that a new intercom system had been installed to address this issue. The inspectors saw the intercom devices in place throughout the home.

Some improvements required

There were no recorded complaints in 2009. The person in charge told the inspectors that complaints or issues brought to their attention by residents are informally managed. Verbal concerns are not recorded. There is no log of verbal complaints or issues kept, and no evidence of learning and improving practice as a result of monitoring complaints.

Significant improvements required

Residents were not aware of the activity schedule and do not have any participation in developing it. On the day of inspection, the inspectors saw the Sonas programme (a therapeutic activity which is focused on communication) being provided in the main sitting room. This was not on the schedule until the following day. Residents told inspectors that they have a movie day from time to time, but could not tell the inspectors of any other activities. Some residents said that they were bored and had nothing to do. They reported that everyone had to do the same activities and said that they never had outings. The centre employs a full-time activities coordinator, however she was on annual leave at the time of inspection and activities were not scheduled in her absence.

Residents are served drinks in the morning and afternoon with a supply of drinks available to residents in the sitting room in the afternoon. However, the tables are of a very low height and some residents could not reach their drink and had to rest it on their laps which posed a risk. The inspectors noticed that some residents appeared to rush their drink as they had nowhere to rest their cup, which fails to promote independence.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Residents appeared comfortable and appropriately dressed. Their personal hygiene, haircare, nutrition and skin care needs were seen to be met. Residents told inspectors they receive assistance with personal hygiene as required.

Health is promoted through regular monitoring of weight, blood pressure and blood screening and this data is recorded in residents' files. Hospital appointments are arranged and facilitated when necessary. Services such as the chiropodist, the optician, wound care specialist and nutrition services are also available. The person in charge told inspectors that although there are difficulties accessing community-based physiotherapy and occupational therapy for residents; she had sourced the services privately which are available to residents at an additional cost.

Residents are seen by the GP service of their choice, with care plans regularly reviewed and changes recorded in the medical notes.

Some improvements required

There is a list of residents' specialised diets in the kitchen but there are no formal systems in place for staff to monitor and review the residents' special dietary needs to ensure they are updated.

Significant improvements required

The method of managing and recording medication administration is not in line with best practice, as recommended by An Bord Altranais, and poses a risk to residents. Inspectors reviewed the medication administration records. One resident was being administered medication that had been discontinued on the prescription shown to the inspectors. The medication administration charts recorded that another resident was being administered a dose of medication that was different to the dosage prescribed on the drugs prescription record. After the inspection, the person in charge submitted a separate report to the inspectors which showed that the correct dose of medication had been administered to the resident. This report did not, however, reflect the records that the inspectors saw on the day of inspection.

Each resident has an individual file containing nursing, medical and paramedical notes which includes information about physiotherapy; nutrition and psychiatry of old age. The inspectors read a number of residents' files and found there was no comprehensive assessment for each resident. The assessments completed for some residents did not cover their health, personal and social care needs, their abilities, likes, dislikes, preferred routines and expectations. While the existing limited assessment process allowed for some of this information to be recorded it was not consistently completed.

The care plans seen were not informed by a comprehensive assessment and there is no evidence that they had been drawn up and agreed with the residents and/or their representatives. There is a check list for each resident including items such as personal care, oral care and dietary intake. The inspectors were told this form is completed daily by the nursing or care staff who initial the date. The night nurse writes an entry which, in general, states "appeared to sleep well". This is not an adequate daily nursing assessment or record of care for each resident.

The inspectors noticed that one resident remained in the smoking area all day, including during meal times. This resident said this was where she liked to stay. At lunch time the inspectors saw a staff member providing full assistance to her with her meal although she had full mobility in her arms. The inspectors asked the resident why she needed this level of assistance she said "I don't know why I am fed, they just do it". This resident's independence and autonomy is not being promoted and this is a clear example of poor assessment and care planning.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

Overall, the centre provides a homely and comfortable environment. The bedrooms were found to be clean and tidy with space for personal items. One resident showed the inspectors his room and said he had enough space for his own things. The inspectors saw that some of the residents had personalised their bedrooms with photographs and other personal items. Shared bedrooms have curtains that provide adequate screening. Some of the vacant bedrooms were being redecorated. One resident told the inspectors she had been helped to move the furniture in her room to suit her needs and that this helped maintain her independence.

The inspectors found the environment to be clean throughout all areas visited. The sitting rooms have some armchairs and couches and other domestic-style furniture. All corridors are kept clear of equipment which ensures ease of movement.

Adequate equipment is provided to meet the needs of the residents and this includes pressure relieving mattresses, specialist seating, hoists and mobility aids. Records showed that equipment is well-maintained and appropriately serviced.

Personal protective equipment such as gloves and aprons are freely available, and used by staff. The minutes of a staff meeting recorded that staff had been instructed on the correct use of this protective equipment.

The kitchen is well-organised. The chef showed the inspectors the monitoring information for food safety, including temperatures of cooked food and fridges. Fresh and frozen food was seen to be in stock and was appropriately stored.

The door to the courtyard is kept unlocked and residents can access it freely if they wish.

Some improvements required

Some of the corridor carpets were stained and require deep-cleaning.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors reviewed the minutes of formal meetings for all staff and noted that staff members were asked to submit items for the agenda. These meetings are held twice a year and more frequently if necessary. Meetings for staff nurses and senior staff nurses are held every six weeks. Staff told inspectors that there is a staff handover at 8am, 2pm and 8pm. An inspector attended the staff handover held in the afternoon. There was good communication between staff which ensured that staff beginning their shift were aware of residents' needs for that day.

The inspectors observed staff interactions at handover, between staff and the person in charge and between staff and residents/relatives and noted a culture of open communication within the organisation. While there is a formal handover of information at the change of shift, the inspectors also observed staff meeting and having informal updates about the residents throughout the day.

The policies and procedures are specific to the centre and are readily available to staff in the staff office. The staff have signed a sheet to say they have read and understood the policies.

Residents' records are stored safely in the staff office.

Some improvements required

The person in charge showed the inspectors a residents' guide but this was not available to residents on the day of inspection. The brochure was being updated.

Significant improvements required

There is no formal mechanism in place for the residents to be consulted about the organisation or running of the centre. There is no evidence that residents' preferences about their routines and expectations have been sought. Most residents said they can get up and go to bed when they choose but one resident told the inspectors that she goes to bed at 5:30pm when she is "told" to do so.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

All staff have attended training on the prevention and detection of elder abuse. All catering staff have completed Hazard Analysis and Critical Control Points (HACCP) training and their certificates are displayed.

Staff are allocated to specific residents each day to assist them with their care needs.

Staff are facilitated to attend training and education courses and told the inspectors they had the opportunity to attend "a lot" of training. Five care staff were participating in, or had recently completed, Further Education Training Awards Council (FETAC) level 5 training.

All staff are aware of the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Some improvements required

The person in charge told the inspectors that there is no formal system in place for determining the levels or skill-mix of residents required and that decisions are based on the extensive experience of the provider and person in charge. A resident told the inspectors that some staff had recently left. This was confirmed by a review of the staff files and the person in charge said that four staff were let go due to a decline in occupancy.

While there are a number of communal areas in the centre, most residents use the main sitting room. One resident told inspectors that they all come to the main room because "it is where things happen". Staff are allocated to care for specific residents each morning. Once staff members have assisted residents to the sitting room, these staff have to leave and care for other residents. Residents reported that they feel there is a lack of staff in the sitting room area and they have to wait for long periods at times for staff to assist them. The deployment of staff does not provide adequate supervision or meet the needs of the residents at all times.

Inspectors read in the minutes of the staff meetings, and were told by the person in charge, that there are no facilities for staff to have their lunch break and, as a result they have to use the residents' communal areas.

Significant improvements required

While staff are facilitated to attend training, there is no assessment of the training needs for the service. The inspectors noted that there were two residents who displayed some challenging behaviours but there was no evidence that staff had been trained in the management of challenging behaviours.

Report compiled by

Aileen Keane
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

12 September 2009

Action Plan

Provider's response to inspection report

Centre:	Larchfield Park Nursing Home
Centre ID as provided by the Authority:	0056
Date of inspection:	01 September 2009
Date of response:	13 September 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

The record of drugs administered to residents was not in line with relevant professional guidelines.

Action required:

Re-train all staff to ensure medications for residents are administered and recorded in accordance with best practice and current An Bord Altranais guidelines.

Reference:

Act: Health Act 2007
Regulation 25: Medical Records
Standard 14: Medication Management

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

Timescale:

Provider's response:

All Staff Nurses will attend a refresher course in the management of medication.

30th November
2009

2 The provider is failing to comply with a regulatory requirement in the following respect:

Residents' did not have opportunities to participate in activities appropriate to his or her needs.

Action required:

Develop opportunities for all residents to participate in meaningful activity both inside and outside the residential care setting appropriate to his or her needs.
Assess the residents' needs and interests to inform the work of the activities co-ordinator.

Reference:

Act: Health Act 2007
Regulation 6: General Welfare and Protection.
Standard 18: Routines and Expectations.

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

Timescale:

Provider's response:

Since the inspection date of 1 September 2009, we have employed a new Activities Co-ordinator who has re-assessed the resident's needs and interests. An activities file has been commenced where there is a section for each individual resident. A schedule for residents who do not wish to participate in communal activities has been produced and therefore all residents are included.

Families are encouraged to take residents on outings such as trips to cinemas, restaurants, visiting friends and families, for those who wish to go. Due to a large number of maximum dependency residents it is not feasible for staff to take residents on outings.

Completed

3. The provider has failed to comply with a regulatory requirement in the following respect:

There were no arrangements to facilitate consultation and participation with residents in the organisation of the designated centre.

Action required:

Develop a system to ensure that residents are consulted and participate in the organisation of the centre. Seek feedback actively from residents on an ongoing basis to inform future planning.

Reference:

Act: Health Act 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 2: Consultation and Participation

Please state the actions you have taken or are planning to take following the inspection with timescales:

Timescale:

Provider's response:

On Friday 4th September 2009, a notice was clearly displayed in the front reception area, inviting residents and their families to participate in a Resident Committee. This committee is now in place and it will facilitate feedback from residents and families on an ongoing basis.

Completed

4. The provider has failed to comply with a regulatory requirement in the following respect:

Residents' needs were not set out in an individual care plan developed and agreed with each resident.

Action required:

Update the existing assessment, care plan and daily record for each resident with one which accurately and comprehensively records the residents' needs. Develop the care plan from the assessment and agree and formally review it with each resident.

Reference:

Act: Health Act 2007
Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All residents at Larchfield Park Nursing Home have an individualised care plan. On admission a comprehensive assessment of the individual's needs is carried out. From this assessment, a care plan is devised and tailored to the individual's needs. These care plans are reviewed on a three monthly basis. The files containing the care plans clearly show these reviews being carried out.</p> <p>We are currently reviewing all care plans to ensure that all residents and their relatives have an active role in the development of same.</p>	Work In progress

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Did not take reasonable measures to prevent the risk of accidents to any person in the centre.</p>	
<p>Action required:</p> <p>Provide adequate equipment such as tables of an appropriate height for residents to reduce the risk of spillages.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 31: Risk Management Procedures Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>At Larchfield Park every effort is made to prevent the risk of accidents to staff, residents and all visitors. It is a high priority. We note your comments in relation to the height of the coffee tables in the sitting room. We are currently in the process of purchasing higher occasional tables asap.</p>	Completed

6. The provider is failing to comply with a regulatory requirement in the following respect:

Residents' welfare and promotion of independence was not maintained.

Action required:

Promote residents' independence by ensuring that appropriate assistance is given at mealtimes.

Reference:

Act: Health Act 2007
Regulation 6: Residents Welfare and Protection
Regulation 20: Food and Nutrition
Standard 17: Autonomy and Independence.

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

Timescale:

Provider's response:

It should be noted that the resident referred to in the main body of the report has impaired cognitive skills. Depending on her mood, she refuses to eat unless given full assistance. This is her choice.

Ongoing

7. The provider is failing to comply with a regulatory requirement in the following respect:

There was not appropriate staff in the communal areas at all times to meet the needs of the residents.

Action required:

Use an appropriate validated tool to determine the numbers and skill mix of staff. Deploy staff on a day to day basis to ensure staff are available to supervise and assist residents at all times, particularly in the communal areas.

Reference:

Act: Health Act 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Due to the fact that this was our first inspection from HIQA, and also unannounced, it is understandable that the staff were nervous and apprehensive that the Inspectors were in the House.</p> <p>We would be grateful if HIQA could recommend "an appropriate validated tool to determine the numbers and skill mix of staff" as requested.</p>	<p>Pending</p>

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>All staff had not received suitable training in fire prevention.</p>	
<p>Action required:</p> <p>Implement a monitoring system which ensures all staff receive the minimum mandatory training, such as fire training, on an ongoing basis.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 32: Fire Precautions and Records Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The staff mentioned in the report have been employed since our last fire training was carried out.</p> <p>Fire training for ALL staff has been scheduled for November 2009.</p>	<p>November 2009</p>

9. The provider is failing to comply with a regulatory requirement in the following respect:

Staff had not received training to provide care in accordance with evidence-based practice.

Action required:

Provide training to staff to meet the assessed needs of the service and the changing needs of the residents. Prioritise training on managing challenging behaviours.

Reference:

Act: Health Act 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision.

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

Timescale:

Provider's response:

We are currently in consultation with our external training facilitator to provide training to staff on managing challenging behaviour.

November 2009

10. The provider is failing to comply with a regulatory requirement in the following respect:

The provider did not ensure that the centre had written policies and procedures for the recruitment, selection and vetting of staff.

Action required:

Develop written policies and procedures relating to the recruitment, selection and vetting of staff taking cognisance of the documentation and information outlined in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Up date staff files to meet the legal requirements.

Reference:

Act: Health Act 2007
Regulation 18: Recruitment
Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A recruitment policy is now in place at Larchfield Park Nursing Home. Garda vetting is currently underway.</p> <p>Staff files are currently being updated</p>	<p>December 2009</p>

<p>11. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The directory of residents was not accurately maintained and did not contain all the requirements as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p>Action required:</p> <p>Amend and maintain accurately the directory of residents to include all information as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Directory of Residents has been updated to accurately reflect the number of discharged residents at Larchfield Park Nursing Home.</p>	<p>Completed</p>

12. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not accurately describe the facilities and services provided. It was not available on request to residents.

Action required:

Adjust the statement of purpose to reflect the facilities and services provided at the centre and to meet the requirement of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Make it available to residents.

Reference:

Act: Health Act 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Timescale:

Provider's response:

The Statement of Purpose given to the Inspectors was still in draft form.

We are currently working to finalise this document, which will then be distributed to each of our residents.

December 2009

<p>13. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The residents' guide was not available to residents.</p>	
<p>Action required:</p> <p>Supply a copy of the residents' guide to each resident.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 21: Provision of Information to Residents Standard 1: Information</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The Residents' Guide shown to the Inspectors was also in draft form. It is currently being printed and will be distributed to each resident.</p>	<p>October 2009</p>

<p>14. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no record of verbal complaints.</p>	
<p>Action required:</p> <p>Develop a system which ensures all complaints (verbal and written) are fully and properly recorded in order to support future learning and assist in identifying areas for improvement.</p>	
<p>Reference:</p> <p>Act: Health Act 2007 Regulation 39: Complaints Procedure Standard 6: Complaints</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>It is our policy to record all written complaints, since this inspection we have now incorporated verbal complaints into this system.</p>	<p>Completed</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 30: Quality Assurance and Continuous improvement	Audit and monitor incidents and accidents, other than falls, which occur at the centre as part of the continuous quality improvement cycle. Extend the areas of data collection for the purpose of ongoing quality monitoring.
Standard 19: Meals and Mealtimes.	Develop a formal communication process with the catering/kitchen staff which ensures residents' dietary preferences and special therapeutic dietary needs are monitored and reviewed.
Standard 25: Physical Environment	Review the practice of staff using the residents' sitting rooms during breaks to ensure it is not impeding on residents' use of the communal areas.

Any comments the provider may wish to make:

Provider's response:

Any comments the provider may wish to make:

Standard 30	A comprehensive Quality Monitoring and Data Collection tool has been devised and was forwarded to the inspection team 2 days after the inspection.	
Standard 19	Catering staff receive written communication regarding residents dietary requirements and preferences from the Nurse in Charge. A monitoring system has now been put in place and will be reviewed on a regular basis.	
Standard 25	Staff working full days tend to relax in one of our many sitting rooms that is seldom used by our residents. No food is consumed by staff in this sitting room.	

Comments by the Provider

Thank you for your draft report.

This was an unannounced first inspection by HIQA to Larchfield Park Nursing Home, which we believe was triggered by an anonymous letter sent to the Chief Inspector believed to be from a disgruntled former employee. At the end of the day debrief, the person in charge asked the inspectors, were the concerns raised in the anonymous letter evident on the day of inspection. The Inspectors ensured the person in charge that the concerns were all unfounded.

Larchfield Park Nursing Home has had twice yearly inspections for the past 20 years, with 1 announced inspection every 3 years for registration, and because of this, our management team welcomed the opportunity to be inspected by the new Health Information and Quality Authority team. We would like to thank the inspection team for their professional and courteous manner during the inspection. While we were not 100% compliant with the new regulations, we feel that within the next 12 months we will be fully compliant and we will continue to deliver the best care for our residents and ongoing education for our staff.

Feedback received from residents and staff was not quite as positive. Some residents were very uncomfortable with the inspectors joining them for lunch. One resident told us that she was unable to eat her lunch and that she felt unwell for the rest of the afternoon. Another resident felt unhappy with the extent of the questions that she was being asked and the fact that everything was being written down in front of her. Others felt put out that these (strangers) were sitting amongst them all day. It was noted in the main body of the report that there were a lack of staff in the communal areas, this was mainly due to the fact that staff felt nervous about the inspection. This problem should be resolved when staff become familiar with the new inspection regime.