

**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>	Siobhan Kennedy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	69
<b>Number of vacancies on the date of inspection:</b>	6

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
01 November 2016 11:30	01 November 2016 17:30
02 November 2016 09:00	02 November 2016 18:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Non Compliant - Moderate	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection focusing on dementia care.

The inspector examined the relevant policies and a provider self assessment questionnaire which was received by the Authority prior to the inspection.

The provider and the assistant director of nursing who was deputising for the person in charge was available throughout the inspection.

The completed self-assessment documents in relation to the provision of dementia care assessed the service as follows: –

- Overall assessment was substantially compliant.
- Safeguarding was deemed moderate non-compliant with an action plan to provide

staff with opportunities to train in the protection of residents from abuse and responsive behaviours.

- Staffing was assessed as moderate non-compliant and the action plan identified that 30 staff members would receive training in dementia care during August and September 2016.
- Residents' rights, complaints and the premises were assessed as substantially compliant.

The inspector monitored the matter arising from the previous inspection which related to the transcribing of medication. This had been satisfactorily resolved.

On the day of the inspection there were 69 residents being accommodated with 6 vacancies. Twenty nine residents were assessed as having dementia (vascular and Alzheimer's) and 13 residents were suspected of having a degree of dementia.

The inspector met with residents, relatives, and staff members, observed care practices and interactions between staff and residents. The inspector used a validated observation model to review interactions between staff and residents during social activities, reviewed documentation such as care plans, complaints, medical records and information regarding staff working in the centre.

The health care needs of residents were met with good access to medical and Allied health care, however, one aspect of medication was not managed in accordance with the centre's policies and procedures and the legislation.

Staff had relevant mandatory training in the detection, prevention of and responses to elder abuse, were equipped with up-to-date skills, appropriate to their role, to respond to behaviours that are challenging and had knowledge to support residents to manage their behaviour. Staff had appropriate vetting in accordance with the legislation that those who were not vetted were not rostered to work in the centre. The policy and practice on the use of restraint was in line with the national policy and staff promoted a restraint free environment.

The inspector saw that staff respected the privacy and dignity of residents. Observations by the inspector showed that staff engaged in a meaningful way with the majority of residents.

Staffing levels were appropriate, and information required in respect of staff working in the designated centre was made available and on review was in accordance with the legislation.

The premises was well designed for residents with dementia. Communal facilities were adequate and appropriately furnished. Some bedrooms had ensuite facilities and there was ample space for residents' use.

The area of non-compliance is detailed in the action plan of this report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**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 matter arising from the previous inspection related to nurses transcribing medicines. A staff nurse administering medicines explained the process that was in place. This was in accordance with professional guidelines. The staff nurse on duty informed the inspector that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines which guided the nurses' practice. However, the systems did not fully protect residents as medicine was not stored securely and resulted in a medication error. The deputising person in charge immediately commenced an investigation and liaised with the resident's general practitioner (GP). It was agreed that the investigation report when finalised will be forwarded to the Authority.

The inspector saw evidence that the pharmacist reviews each resident's drug kardex and these findings are shared with the resident's GP who in turn reviews the resident's medication and make changes as appropriate. The inspector observed the administration of medication and this was carried out satisfactorily.

There was evidence that residents and residents' representatives were involved in the residents' care plans and review of care.

Residents' records were available and contained copies of discharge letters/correspondence from hospital.

In respect of residents who were transferred to hospital from the centre the inspector found that the transfer letter contained information about the resident's health, medicines and personal information. Relatives were informed if a resident was transferred to hospital and in the main would accompany the resident, however if this was not possible a staff member would accompany a resident to ensure that full information was provided.

There was evidence of an assessment on admission and ongoing assessments in relation aspects of nursing care. This assessment process involved gathering personal information and using validated tools to assess each resident's risks in specific areas, for

example falls, skin integrity, malnutrition, moving and handling and pain.

The inspector saw that residents' care plans were formally reviewed on a 3 to 4 monthly basis. This was carried out by nursing staff who coordinates the care for an allocated number of residents. Health care assistants were involved to the extent that on a daily basis they provided information regarding residents' conditions and care to the nursing staff to be written up in the residents' daily notes which assists in determining if the care plan is implemented and effective or otherwise.

The care planning documentation did contain a comprehensive communication plan which described residents' non-verbal communication mode if the resident did not have verbal communication skills.

Residents had a choice of general practitioner (GP) and there was evidence that contact was made with the resident's previous GP if residents were admitted from outside the local area and all medical records were passed on to the GP of choice. In the main, the inspector was informed that the GP follows the residents. An out of hours service is also available to residents.

Resident had access to a variety of health and social care professionals including geriatrician, physiotherapy, dietetic, speech and language, dental, ophthalmology, audiology, podiatry services and psychiatric services.

Management and staff told the inspector that residents and their family members are supported and end of life care is provided in accordance with the residents and their families' wishes. These are outlined in an advance directive/end of life care plan. The resident's general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Residents' religious practices are facilitated within the centre.

Wounds were appropriately assessed and managed. The inspector saw that a resident who was the focus of this inspection was referred to the tissue viability specialist services and guidance brought about an improvement in the condition. The inspector saw that pressure relieving mattresses and specialist cushions were in place.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. The inspector found that residents with diabetes were appropriately managed.

The inspector saw that there was a choice of meals offered to residents at lunchtime and teatime. There was an effective system of communication between care and catering staff to support residents with special dietary requirements. Mealtimes in the dining rooms were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. The lunch meal

was served to meet a variety of needs of residents for example those who were on a weight reduction diet, diabetic, fortified diets and modified consistency foods including thickened fluids.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place and appropriate action was taken in response to an incident.

There was a policy and procedure on safeguarding residents from abuse. When management had completed the "provider quality improvement questionnaire for dementia care" issued by the Authority one of the actions was to ensure that all staff were trained in safeguarding and training opportunities. The inspector examined the training records and saw that staff had participated in this training during August September and October 2016. Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place.

An examination of randomly selected documentation in relation to staff working in the designated centre found that not all of the information identified in schedule 2 was available, for example Garda vetting for two staff members, however, these staff members were not rostered for duty.

Some relatives communicated that they were aware of the role of the provider, person in charge, deputy person in charge and staff nurse in charge and would have no hesitation in bringing any matter of concern to their attention.

There was a policy and procedures in place that promotes a positive approach to the behaviours and psychological symptoms of dementia (BPSD) for example it emphasises non-restrictive and non-pharmacological interventions is the preferred method of providing support.

Staff had implemented a care plan for residents with a challenging behaviour following assessment of residents using a validated assessment tool for residents with a cognitive impairment.

The inspector found that staff had participated in training regarding understanding and managing behaviour.

A restraint free environment was promoted. Audits were carried out in respect of restraint and appropriate equipment such as low low beds and crash mats were used to reduce restraint and promote safety. Bedrails were used by only 4 residents following an assessment. Staff had risk assessed alternatives and there was evidence of reviews taking place.

Incidents where restraint was used were notified to the Authority in accordance with the regulation.

Residents had a locked facility in their own bedrooms to secure their possessions and valuables.

**Judgment:**  
Compliant

### ***Outcome 03: Residents' Rights, Dignity and Consultation***

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

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

**Findings:**  
Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy and residents were supported to make choices and be independent. The inspector saw some residents freely move around the centre choosing to participate in the group activities or going to their own bedroom.

Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on bedroom, bathroom and toilet doors. The inspector observed that staff knew residents well and interacted with residents in an appropriate and respectful manner.

The inspector was informed that staff sought the permission of residents before undertaking any care task and the inspector saw that residents' was respected.

Residents with dementia were involved in the consultation process with regard to the organisation of the centre as they were encouraged to share their views of the service

with staff members and their relatives were also encouraged to contribute to the formal and informal processes established.

There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. A visitor's sign in book was available in a prominent location at the front entrance.

Residents were facilitated to exercise their civil, political and religious rights. Arrangements were in place for residents to vote in the previous local and national elections. Residents were satisfied with opportunities for religious practices.

There was a variety of activities available to residents in the centre, organised by the activities staff and health care assistants. Residents' wishes and preferences informed their daily routines.

The activity schedule advertised group activities arranged for the mornings and afternoons and individual sessions were scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities.

Activities included music, board games, arts and crafts, gardening, exercise to music, reading, reminiscence, poetry, watching television and hand massages.

The inspector saw that some residents had a life story book which had been compiled by family and staff and the deputy person in charge communicated to the inspector that this work was ongoing.

In the main, staff were careful to ensure that residents with dementia were orientated to date and time.

Family and staff members supported residents to maintain contacts with their community, for example some families took the residents to their homes to meet up with their relatives and neighbours.

Residents with dementia had free access to a secure well maintained courtyard gardens.

The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record at five minute intervals, the quality of interactions between staff and residents in the communal sitting room.

The definition of the scoring for the quality of interactions for the period observed is as follows: –

- +2 positive connective care – the facilitation of meaningful interaction and engagement with residents.
- +1 task orientated care – the provision of kind physical care, whereby interactions/conversation is more instructive.
- 0 neutral care – the delivery of services is passive and not stimulating.
- -1 protective and controlling – provision of individual care with the emphasis on safety and risk aversion.
- -2 institutional care – regarding residents as a homogeneous group who will fit into the established routine of the designated centre/home.

The scores reflect the effect of the interactions between staff and residents for the majority of residents.

In respect of two distinctive observed periods when there were organised activities the inspector found that all of the residents experienced positive connective care as staff interacted and engaged with the majority of the residents.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

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

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

**Findings:**  
There was a system in place to ensure that the complaints of residents with dementia or their representative were listened to and acted upon, and they had access to an appeals procedure.

There was a complaints policy and procedure. This detailed the process. The information was publicised throughout the designated centre and a summary was available in the resident's guide.

In addition to the designated complaints officer there was a designated person who would review the complaint and investigation process should a complainant be dissatisfied with the outcome.

The independent advocacy service was advertised.

Residents who communicated with the inspector were familiar with management and staff of the centre. They communicated that if they had a difficulty they would approach any of the staff team. Relatives were satisfied that issues raised were addressed.

There was a complaints log which recorded the complaints, investigation of the complaint and the outcome for the complainant.

**Judgment:**  
Compliant

#### ***Outcome 05: Suitable Staffing***

<p><b>Theme:</b> Workforce</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 inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents.</p> <p>The recruitment procedures in place were satisfactory. This process included induction and probationary periods for staff.</p> <p>There was a planned staff roster in place, with changes clearly indicated. The staffing in place on the day of inspection was reflected in the roster.</p> <p>There were a variety of meetings scheduled in order to ensure that staff of various grades had appropriate knowledge to deliver services to residents. This included handover meetings at the change of shifts and performance management meetings.</p> <p>In the provider self-assessment tool management had assessed this outcome to be "moderate non-compliance", however, this was due to insufficient training of staff in dementia care. The inspector reviewed training documentation which identified that 30 staff members had participated in training in 2016. Overall, the inspector found that there were opportunities for staff to participate in education and training relevant to their role and responsibility. Throughout the inspection staff demonstrated their knowledge of residents' care and the legislation/standards underpinning residential care.</p> <p>The staffing arrangements provided for the supervision of residents in communal rooms and staff who communicated with the inspector were knowledgeable of residents' conditions and preferences.</p>
<p><b>Judgment:</b> Compliant</p>

<b><i>Outcome 06: Safe and Suitable Premises</i></b>
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<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p>

**Findings:**

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The centre was originally built in 1987 with 42 beds, then in 2000 an extension was built bringing the number of beds to 57 and in 2012 another extension brought the number of beds to 75.

Management completed a quality improvement questionnaire for dementia care in respect of the premises and devised an action plan. This was detailed and highlighted the improvements to be achieved for residents with dementia, for example:

- Residents will be able to see a calendar and a clock from their bed.
- Residents will be able to locate the toilet from their bedroom.
- The toilet seat will contrast with the toilet in all communal facilities and en suites.

It was highlighted that an audit would be carried out in respect of the above action plan in November 2016.

The inspector found that these improvements had been actioned.

Bedroom accommodation consists of : –

- 37 single rooms of which 22 have ensuite facilities.
- 16 twin rooms and 9 of these have ensuite facilities and
- two 3 bedded rooms.

The inspector found that the resident's bedrooms were equipped with modern and bright furnishings including televisions, telephone points and a resident alarm system. Bedrooms were personalised and residents with dementia knew their rooms as they walked around the centre.

Communal facilities include 2 main dining rooms and numerous sitting rooms. There is a designated smoking room.

There were signs on the bathrooms and toilets and bathroom doors were a different colour to the surrounding wall.

Emergency alarm call systems were provided in the bedrooms, toilets, bathrooms and were well positioned. The environment assisted residents with mobility difficulties as the corridors were suitable for residents using wheelchairs and for residents walking to maintain their independence. There were grab and hand rails. The floor coverings were nonslip and consistent in colour.

There were safe external areas for residents to walk and sit outside.

There was evidence of the availability of equipment to meet residents' needs and systems were in place to monitor this equipment for example servicing of a variety of hoists and profile beds.

**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:***

Siobhan Kennedy  
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>	01/11/2016
<b>Date of response:</b>	29/11/2016

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

All medicinal products supplied were not stored securely at the centre which led to a medication error. A report of the investigation into the incident to be forwarded to the Authority on completion.

#### **1. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or

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

supplied to a resident securely at the centre.

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

An investigation was carried out and the staff nurse involved in the medication error was retrained on medication management and their competencies on medication management were reassessed.

A detailed report of our investigation with the outcome of this issue was forwarded to the Authority immediately following the inspection.

Proposed Timescale: Completed.

**Proposed Timescale:** 29/11/2016