



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:	28 May 2024
Centre ID:	OSV-0000056
Fieldwork ID:	MON-0042290

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 70 people, with 66 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. Rooms are either single or shared, and 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 at 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:	59
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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 28 May 2024	09:10hrs to 17:00hrs	Geraldine Flannery	Lead
Tuesday 18 June 2024	09:30hrs to 11:30hrs	Geraldine Flannery	Lead
Tuesday 18 June 2024	09:30hrs to 11:30hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

The inspector observed that staff were working towards improving the quality of life and promote the rights and choices of residents in the centre.

The inspector met with many residents during the inspection, and spoke with approximately 30 per cent of residents in more detail to gain insight into their experience of living in Larchfield Park Nursing Home.

Overall, residents spoke positively about the centre and told the inspector that they were happy living there and that they felt safe. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while another said 'staff are first class and I couldn't wish for a better place to live'.

Residents informed the inspector that there was a new 'boss man' in the centre, referring to the new company director. They said that they 'know him well, despite not being very long in the job'. They said they found him very approachable and that he was welcome into their home any time.

Throughout the morning of the first day of inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in the routines of daily living. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

The design and layout of the home promoted free movement and relaxation. There was sufficient private and communal space for residents to relax in. Several enclosed courtyards were easily accessible and suitable for residents to use. A smoking room was situated within the designated centre and a fire blanket, fire extinguisher and a call bell were available.

The premises was mostly well-maintained, however due to wear and tear some areas required attention. The inspector heard about a refurbishment plan that included flooring replacement, equipment repair and replacement, and painting of walls and ceilings throughout the home.

Bedroom accommodation comprised of both single and multi-occupancy bedrooms. Inspectors returned on a second day, to assess the area of floor space for each resident and the number of residents in each multi-occupancy bedroom. The inspectors observed that the layout of some of the multi-occupancy bedrooms did not ensure each of the bed spaces had a minimum of 7.4 m². The inspectors acknowledge that the registered provider had maintained a lower occupancy and those bedrooms were occupied by one less resident.

Residents who spoke with the inspector were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

Residents expressed high levels of satisfaction with the quality of life they experienced in the home. It was evident that staff knew the residents' needs and particular behaviours well. The inspector observed gentle, patient and courteous resident and staff interactions. Residents were complimentary about the food served and confirmed that they were always afforded choice.

Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

Laundry facilities were provided on site and residents informed the inspector that they got their clothes back clean and fresh every few days. Clothing was labelled with residents' names to ensure it was returned to the residents.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and informed the inspector that they were pleased with the level of care their loved one received.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality of care to residents. The management team was proactive in responses to issues as they arose. The provider sustained good levels of care and oversight of service across all regulations reviewed, with some further improvement required in respect of records, premises and infection prevention and control (IPC).

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended) and review the application to renew registration of the centre for a further three years.

The registered provider was Larchfield Park Care Centre Limited. There had been recent changes in the company ownership, which had been appropriately communicated to the residents and their families and the Chief Inspector. The person in charge fostered a culture that promoted the individual and collective rights of the residents. They were supported in their role by the company director, a clinical nurse manager and a team of nurses, health care assistants, activity staff, administration, catering, housekeeping and maintenance staff.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

An application for registration was submitted to the Chief Inspector of Social Services. The statement of purpose accurately reflected the facilities and services provided. It promoted transparency and responsiveness by accurately describing the designated centre's aims and objectives. It was publicly available and in an accessible format for people using the service.

The inspector observed that some resident records were stored in an external building which was not part of the designated centre. The inspector was invited to view this area and observed that records were stored safely and securely. However, all records are required to be kept in the designated centre so that they are readily available for inspection by the Chief Inspector.

The provider informed the inspector that they had sought a fire review from a competent fire safety professional and were actively working through a program of fire safety works that had been identified in the fire safety risk assessment. The provider gave assurances that they would forward a fire safety report providing assurances on fire containment when works were completed.

Throughout the inspection, staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed the inspector that they didn't have to wait long for staff to come to them.

The training needs of staff were being met. An up-to-date training matrix was available for review. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Overall, the documents reviewed met the legislative requirements including contracts of care and complaints procedure.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted which met the regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection, having regard to the size and layout of the centre. There was at least two registered nurses on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 21: Records

All records set out in Schedules 2, 3, and 4 were not kept in the designated centre. Some resident records were stored in an external building which was not part of the designated centre, which meant they were not easy accessible to inspection.

However, the inspector acknowledged on the day that the storage of these documents were in a secure, safe and organised manner in a locked allocated room within an external building.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed six contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any charges incurred. The contract clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre, containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents' health and well-being were promoted, and residents had timely access to their general practitioner (GP) of choice, specialist services and health and social care professionals, such as psychiatry services, tissue viability nurse, physiotherapy, dietitian, and speech and language therapy, as required.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns.

The premises was of suitable size to support the numbers and needs of residents living in the centre. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre. Bedrooms viewed during the inspection included triple, twin and single occupancy bedrooms. Given the layout of some bedrooms, they did not meet the regulatory requirements in terms of affording each resident an adequate amount of space of not less than 7.4 m², to include the bed, personal storage space and chair. Some of these bed spaces had limited space for personal possessions, including smaller wardrobes, however inspectors observed that the occupancy of those rooms had been reduced by the registered provider.

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control in community services (2018). There was an IPC link practitioner in the centre to increase awareness of infection prevention and control and antimicrobial stewardship issues locally. Hand wash sinks were available on each corridor for staff to use. These sinks did not comply with the recommended specifications for clinical hand wash basins but they were clean and in good repair. Alcohol based hand rub was available along corridors and alcohol gel toggles were being introduced to support staff accessing hand sanitisers at the point of care. However, some further improvements were required, and will be discussed under Regulation 27: Infection, prevention and control.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and there was adequate space for residents to meet their

visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes are laundered regularly and returned promptly.

Judgment: Compliant

Regulation 17: Premises

The premises was not in accordance with Schedule 6 requirements having regard to the number of residents. For example:

- Two triple bedrooms and five double bedrooms in the designated centre were not of a suitable layout to comply with the revised regulations and meet residents' needs.

Inspectors acknowledge that the management had already identified that these bedrooms did not have sufficient space for their intended occupancy level. On the day of inspection, the two triple bedrooms were used as double occupancy and the twin bedrooms were used as single-occupancy. The person in charge confirmed that had been the arrangement for the last 2 years.

Judgment: Substantially compliant

Regulation 27: Infection control

The environment and equipment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection but further action was required to be fully compliant. This was evidenced by:

Some items of furniture and equipment required repair or replacement as there were breaks in the integrity of the surfaces, which did not facilitate effective cleaning and decontamination. For example, a chair in the smoking room, a lid on the household cart and a vanity unit in one bedroom required review.

Inspectors acknowledge that the provider's internal auditing systems had identified this area for improvement and a plan was in place in respect of replacing and refurbishing furniture and equipment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. Overall, individual assessments and care plans were person-centred and contained detailed information specific to the individual needs of the residents. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals or before.

Judgment: Compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. The inspector reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

The provider was pension-agent for two residents and a separate client account was in place to safeguard residents' finances.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Larchfield Park Nursing Home OSV-0000056

Inspection ID: MON-0042290

Date of inspection: 28/05/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Part of our re registration process for October 2024, we have now included this external building to be part of the designated centre and our floor plan and statement of Purpose has been amended with same.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Part of our re registration process for October 2024, we have now reduced our bed capacity from 70 to 63 residents, our floor plan and statement of Purpose have been amended re same. Bedrooms where the number of beds has been reduced will be revamped accordingly to the number of beds accommodated (Adjustment of privacy curtains, lighting, call bell etc.....)	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Purchasing of furniture and repair of damaged furniture and equipment are being gradually resolved as per traffic light risk assessment system of the audits carried out in	

in January 2024.

We will ensure to prioritize items highlighted in the report aiming to resolve these issue by the end of September 2024.

Issues highlighted by the audits carried out in January 2024, will continue to be addressed as per risk assessment on an ongoing basis before the end of the year.

For items highlighted in the report by the end of September 2024

For the items highlighted in our 2024 Projection plan , to be carried out as per risk assessment no later than End of December 2024.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/09/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/09/2024

	infections published by the Authority are implemented by staff.			
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