Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Deerpark Nursing Home
Name of provider:	Deerpark Nursing Home Limited
Address of centre:	Deerpark Nursing Home, Lattin, Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 July 2025
Centre ID:	OSV-0000222
Fieldwork ID:	MON-0043331

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Deerpark Nursing Home was located in a rural area outside the village of Lattin, Co. Tipperary and provided residential services for 33 older people. The centre was purpose built and first opened in 1972. The provider acquired the centre in 1995. The premises had been renovated a number of times over the intervening years and there had been significant improvements and renovation works in the premises in 2016. For example, there had been significant extension completed in 2016 to increase the number of single bedrooms, extended/renovation of the dining room and provision of new laundry facilities. The centre has accommodation for 33 residents in 10 twin rooms and 13 single rooms, of which there were 10 single en-suite rooms and one twin en-suite room. There was suitable outside paths for residents' use and an enclosed courtyard area with planted flower pots and garden seating provided. There was plenty of outside parking provided to the front and side of the premises.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33

How we inspect

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
Wednesday 23 July 2025	08:40hrs to 15:10hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There were 33 residents living in the centre on the day of the inspection. The inspector met the majority of residents and spoke in more detail with seven residents and two visitors. Based on the observation of the inspector, and discussions with residents, visitors and staff, Deerpark Nursing Home was a nice place to live.

There was a welcoming and homely atmosphere in the centre. The inspector spent time observing residents' daily life in the centre in order to gain insight into the experience of those living in the centre. Residents engaged in a positive manner with staff and fellow residents and it was evident that residents had a good relationships with staff, and had developed friendships with each other. Conversations went beyond basic care needs and included banter, updates on family and discussions around residents hobbies and interests.

Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' told the inspector that the staff were kind and caring, with one resident adding that staff minded them 'like eggs'. Residents said that they felt safe and trusted staff. Residents said that they could approach any member of staff if they had any issue or problem to be solved.

The centre provided a laundry service for residents. All residents' who the inspector spoke with were happy with the laundry service and there were no reports of clothing going missing.

Residents' also said that they were very happy with the activities programme in the centre and some said that they preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. Residents were seen to be encouraged to join walks and activities by staff who were familiar with their preferences and motivations. However, residents also said that they had missed group activities during a recent COVID outbreak.

The majority of residents, accompanied by staff and family members, had gone on an outing to a local hotel the day prior to the inspection. They said that the outing had given them 'a great lift' after the recent 'lockdown'. Several residents told the inspector how much they had enjoyed the day, highlighting the lunch, music and dancing as memorable parts of the day.

Residents' were very complimentary of the home cooked food and the dining experience in the centre. They stated that there was always a choice of meals, and the quality of food was excellent. Catering staff confirmed that that there were plenty of snacks and beverages available to residents' outside of meal times. The dinner time meal appeared appetising and well presented and the residents were

not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times.

Visitors whom the inspector spoke with were complimentary of the care and attention received by their loved one. Visits took place in communal areas and residents bedrooms where appropriate. There was no booking system for visits on the day of the inspection and the residents who spoke to the inspector confirmed that their relatives and friends could visit anytime now that the outbreak had been declared over. However, several residents described the negative impact of visiting restrictions during a recent outbreak. Findings in this regard are presented under the quality and safety section of the report.

The design and layout of the centre promoted a good quality of life for residents. There was a choice of communal spaces which were seen to be used thought out the day by residents. Overall, the general environment and residents' bedrooms, communal areas, toilets, and bathrooms inspected appeared visibly clean.

Communal areas had been vibrantly decorated with Tipperary team coloured balloons, flags and banners for the recent All-Ireland Hurling Final. Residents, many of whom were long-time Tipperary hurling fans, talked enthusiastically about the excitement of Sunday's game with staff encouraging conversations and friendly team rivalries.

The outdoor courtyard and garden area was readily accessible (from two access points) and safe, making it easy for residents to go outdoors independently or with support, if required. This area was very well maintained with level walkways, flower beds and garden furniture.

Bedroom accommodation consisted of 10 twin rooms and 13 single rooms. Ten of the single rooms 10 were en-suite and one twin room had en-suite facilities. Resident's bedrooms were observed to be clean and tidy, personalised and decorated in accordance with resident's wishes. All bedrooms were bright and had access to natural light. The inspector observed that residents had access to call bells in their bedrooms. Residents confirmed that call bells were answered promptly when rang.

Ancillary facilities generally supported effective infection prevention and control. The main kitchen was adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff.

There was a dedicated treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Housekeeping staff had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

However, the layout of the sluice room did not facilitate a defined dirty-to-clean flow throughout the decontamination process. For example, the hand washing sink was

positioned between the sluice hopper and bedpan washer and as such increased the risk of cross contamination.

Conveniently located, alcohol-based product dispensers were readily available along corridors and staff carried individual bottles of alcohol hand gel which facilitated hand hygiene at point of care. Clinical hand wash sinks were accessible to staff within the treatment room and sluice room. However, barriers to effective hand washing were observed during the inspection. For example, there was a limited number of dedicated clinical hand wash sinks within close proximity of resident bedrooms.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection focused on the provider's compliance with infection prevention and control oversight, practices and processes.

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The provider generally met the requirements of Regulation 9; resident rights and Regulation 27: infection control, however further action is required to be fully compliant. Where areas for improvement were highlighted, the provider was responsive to addressing these in a timely fashion.

The provider had nominated two staff members to the role of infection prevention and control link practitioner to support staff in the implementation effective infection prevention and control and antimicrobial stewardship practices within the centre. Both had completed the link practitioner training course and demonstrated a commitment and enthusiasm for their roles through the implementation of a number of quality improvement initiatives. For example, they had created an infection prevention and control resource folder and an infection control notice board had been installed to support and raise awareness of infection prevention and control within the centre.

There were sufficient numbers of housekeeping staff on duty and all areas of the centre were observed to be clean and tidy. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths and mop heads to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleans were undertaken each month.

A review of notifications submitted to the Chief Inspector found that outbreaks were managed, controlled and documented in a timely manner. Staff in the centre had managed one outbreak in 2025 to date where two residents and a small number of staff had tested positive for COVID-19. Line listings for symptomatic staff and residents were maintained and Public Health had been notified of the outbreak.

Notwithstanding the early detection and implementation of appropriate infection control measures including source isolation, use of personal protective equipment and increased cleaning, a review of the restrictions implemented did not demonstrate a pragmatic and proportionate approach to the level of risk. Findings in this regard are presented under Regulation 9; resident rights.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits covered a range of topics including hand hygiene, equipment and environment hygiene, waste, sharps and laundry management. Audits were scored, tracked and trended to monitor progress. Reports included time bound action plans to address any issues identified. The high levels of compliance achieved in recent audits was reflected on the day of the inspection.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that staff were up to date with mandatory infection prevention and control training.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

The inspector observed skilled staff providing care for residents who were knowledgeable regarding the residents needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received education and training in infection prevention and control practices that was appropriate to their specific roles and responsibilities. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

The provider had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable.

There were effective infection prevention and control management systems in place to ensure the service was safe, appropriate and effectively monitored. Infection prevention and control audits were routinely completed and scheduled. These audits informed ongoing quality and safety improvements in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations, within two days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a focus on social interaction led by two activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

Residents generally lived in an unrestricted manner according to their needs and capabilities. However, a review of restrictions implemented during a recent outbreak found that they were not proportionate to the risks. For example, general visiting restrictions remained in place for the duration of the outbreak. While visits from nominated support persons were allowed some residents said that they found the limited visiting 'very difficult' and 'lonely'.

One resident was cared for in isolation when they were infectious. However, a decision had been made to discontinue group activities between all other asymptomatic residents for the duration of the outbreak. Resident outings with families were also postponed. The inspector was informed that activities had continued on an individual basis.

National guidelines advise that providers must strike a balance between the need to manage the risk of introduction of COVID-19 or other communicable infectious diseases by people accessing the centre and their responsibility for ensuring the right of residents to meaningful contact is respected in line with regulatory obligations. Findings in this regard are presented under Regulation 9; resident rights.

Residents had access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary.

The inspector identified some examples of good antimicrobial stewardship. For example, the volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded.

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months.

The inspector reviewed residents' records and saw that where a resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Residents were accommodated in a mix of single and twin-bedded rooms. Bedrooms were nicely decorated, and the residents had access to televisions in their rooms. There was enough space in bedrooms to store residents' clothes and other personal belongings, such as photographs and other belongings.

The inspector identified many examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and the safe handling and disposal of used waste, sharps and linen.

Notwithstanding the good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, urinals and commodes and single use dressings were not managed in line with best practice guidelines.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. However, a dedicated specimen fridge for the storage of samples awaiting collection was not available.

The registered provider confirmed that a *Legionella* control programme had been implemented. However, routine testing for *Legionella* in hot and cold water systems was not undertaken to monitor the effectiveness of the controls. Findings in this regard are presented under Regulation 27; infection control.

Regulation 11: Visits

There were no visiting restrictions in place on the day of inspection and visitors were observed coming and going to the centre. Visitors confirmed that visits were generally encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Visiting restrictions during the recent outbreak are discussed under Regulation 9; resident rights.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013. Communal areas areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Outdoor space was independently accessible and safe for all residents living in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. This was evidenced by;

- The layout of the sluice room did not support effective infection prevention and control.
- There was a limited number of dedicated clinical hand wash sinks within close proximity of resident bedrooms. Furthermore alcohol hand gel in a number of dispensers had passed its expiry date. This may impact the effectiveness of hand hygiene.
- Staff informed inspectors that they manually decanted the contents of commodes, bedpans and urinals into the sluice or toilets prior to being placed in the bedpan washer for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- A dedicated specimen fridge was not available for the storage of microbiology samples awaiting collection. This may impact the viability of the samples.
- Several single use wound dressings dressings were observed to be open and partially used. This may impact the sterility and efficacy of these products.

Guidance published by Public Health in relation to outbreak management was not consistently implemented in the designated centre. Findings in the regard are presented under Regulation 9; resident rights.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident’s admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.

Judgment: Compliant

Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antibiotics were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example

- The volume and indication of antibiotic use was monitored and audits of antimicrobial use were undertaken. Antibiotic consumption data was analysed and served as a tool to improve quality improvement.
- Nursing staff were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing. This had reduced antibiotic use where it was not clinical indicated.
- A review of prophylactic antibiotics prescriptions had been undertaken which led to the discontinuation of several prescriptions which were no longer deemed necessary. Reducing unnecessary antibiotic use helps combat antibiotic resistance and other unwanted side effects.

Judgment: Compliant

Regulation 9: Residents' rights

Measures taken to protect residents from infection during a recent outbreak exceeded what was necessary to address the actual level of risk. For example; visiting was limited to nominated support persons, with a limited number of exceptions.

This was contrary to national guidelines which advise that 'full access should be facilitated to the greatest degree practical for all residents. Access may be very limited for a period of time in the early stages of dealing with an outbreak but a total withdrawal of access is not appropriate'. These guidelines also advise that nominated support persons are in addition to and not instead of visitor access.

Risk assessments that underpinned decisions regarding restricted visiting were not documented.

Judgment: Substantially 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Deerpark Nursing Home OSV-0000222

Inspection ID: MON-0043331

Date of inspection: 23/07/2025

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 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

layout of sluice room: we have set out plans to remove stainless steel toilet, remove locked cupboard for chemicals, and move hand wash sink hand gel and towels to last point before exit.

2. We have planned to add two handwashing sinks to two corridors (both ordered) so staff can access handwashing facility

3. 2 expired hand gels out of date have been replaced and advised housekeeping staff to be more vigilant. spot checks will continue.

4. staff reminded (in meeting, WhatsApp handover) not to manually empty bedpan content into the toilet, instead insert directly into bedpan washer.

5. specimen fridge installed in the treatment room as advised

6. meeting with staff nurses post inspection, reminded to discard all partially used dressing material (inadine) and spot checks will be made by pic

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

We have amended our covid visiting policy to be more relaxed and flexible. Moving Forward, we will no longer impose a limit on the number of visitors per resident. However, this approach will be standard practice during periods of low risk for infection disease outbreak. We will continue to do the risk assessment and based on that will make a decision.

During our recent outbreak, we allowed more than one visitors for those who exhibit challenging behavior

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	12/09/2025
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	12/09/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	12/08/2025

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			