



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Deerpark Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	02 July 2025
Centre ID:	OSV-0007717
Fieldwork ID:	MON-0038684

About the designated centre

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

Deerpark Lodge is located in a small housing estate in County Cavan. The centre provides a residential service for up to five adults, both male and female. The house is a three storey detached property consisting of a large kitchen/dining area, a separate utility room, three communal areas, five bedrooms and an office. The garden to the back of the property is well maintained. The objective of the service is to promote independence and to maximise the quality of life of residents living there. Residents are supported by a team of direct support workers, team leaders and the person in charge. Allied health supports including community nurses, behaviour specialists, occupational therapists, speech and language therapists and a dietician form part of the services provided to residents where required. Residents are supported to engage in activities in line with their preferences and can access some day services if they choose to. Transport is provided should residents wish to avail of activities located far away from the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 2 July 2025	10:20hrs to 18:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall from speaking with residents, observing practices and reviewing records pertaining to the care and support provided in this centre, the inspector observed that residents were being provided with person-centred care. Two minor improvements were required in policies to guide practice, and records stored in the centre.

The centre is registered to support five residents. At the time of the inspection, only four residents were living here. There were no plans at the time of the inspection to admit any new resident to the centre.

This inspection was announced and residents had been informed that the inspection was taking place. Two of the residents had chosen not to meet the inspector and were observed on the morning of the inspection preparing to go out with staff for the day. Both of the residents had completed questionnaires to give their feedback on the services provided in this centre as discussed later in this report. Over the course of the inspection, the inspector met with the person in charge, an assistant director of services, one staff and two residents. They also observed some practices and reviewed records pertaining to the management of the centre.

The centre was clean, very spacious and decorated to a good standard and comprised of three floors. There were five bedrooms, three of which have en-suite bathrooms and there was also a shared bathroom on the second floor. One of the bedrooms with an en-suite bathroom was on the ground floor to support a resident who had mobility needs.

The kitchen/dining area was well equipped and there was an adjoining utility room where residents could launder their own clothes if they wished. There was also a sun room that had access to the back garden and a large sitting room where residents could enjoy listening to music, watching television or a space to meet visitors in private.

Over the course of the inspection, two residents showed the inspector around areas of their home, and explained how they were involved in the running of the centre and how they were supported to become more independent.

Both of the residents were highly complementary of the staff that worked in the centre and felt that they could report any concerns to the person in charge, team leaders or staff. They provided examples to the inspector about how they were involved in the running of the house. As an example; there had been a recent discussion about the location of the press for storing medicines and proposed changes to this. One resident explained that this was still under review as some residents had opposing views about the new location of the press. As well as this, the back garden had recently been upgraded and one of the residents told the inspector that they had went shopping for the flowers which were planted in the

garden and they were also aware that new furniture was being purchased for the back garden. This resident also showed the inspector some of the soft furnishings they had chosen for the sitting room. These examples informed the inspector that residents were included in decisions about their home.

Each resident had their own bedroom and had them decorated and laid out the way they liked. One of the residents spoke to the inspector about how they liked their bedroom laid out in a specific way, which included photographs of family members that were very important to them, and personal possessions that were laid out in a specific area that the resident liked. This resident also spoke about how they managed their own laundry.

The inspector observed that residents were able to make choices about what they ate and the food provided in the centre. As an example; on the day of the inspection, the weather was warm, and one of the residents had chosen to have stew for dinner, while another had chosen ice-cream as they were not hungry and it was too warm. The residents were also involved in shopping for groceries and one of them informed the inspector that they liked going to the local supermarkets every week with staff to do the grocery shopping. Another resident was very happy that since the last inspection they were now independently preparing their own breakfast, lunch and supper and was now working towards a goal to cook dinner independently.

Residents were also involved in other decisions around their lives. Two of the residents had went out for the day and had planned to return to the centre in the late afternoon, however, they decided while out that they were going to go to find out about getting body piercings which they were both interested in. The inspector found examples where the person in charge had supported residents to seek advice from external advocacy services, legal representatives and assisted decision making arrangements included under new capacity legislation to make important decisions in their lives.

Prior to the inspection the residents completed questionnaires with support from staff members about whether they were happy with the services provided. Overall, the feedback was positive and residents said they liked the staff, food provided and were happy with their bedrooms. Two residents reported that two areas could be improved. One related to the noise of an alarm in the centre and the other related to communications. The inspector followed up on these through a review of records and found that the person in charge was managing one concern in terms of the communication issue. The person in charge, also agreed to review the alarm (which was a risk control measure required in the centre) and see if an alternative could be found.

The registered provider also collected the views of residents in their annual review of the designated centre. One resident said they were very happy with their home and staff keep them safe and they feel safe. One of the residents told the inspector that the staff team 'supported independent living' in this centre.

Residents were facilitated to make complaints on the services provided. One of the

residents showed the inspector the complaints procedure which was displayed in the hallway and spoke about a complaint they had made, and said they were very happy with the way it was managed and the outcome of their complaint.

Weekly residents meetings were held, and as well as this the person in charge met with the each resident on a monthly basis, to make sure the residents were happy with the care. The inspector observed examples in the minutes of these meetings where residents that had raised concerns had been supported to raise a complaint which were addressed by the person in charge.

Easy-to-read information was available for residents who required this format. As an example; there was an easy-to-read guide about what to do if the fire alarm went off and one of the residents went through this with the inspector.

Residents were supported and encouraged to maintain connections with family and friends. As an example, two of the residents told the inspector about a party they had hosted last year for some of their friends which included a visit from a company that brought exotic creatures like snakes and reptiles to the centre. Both of the residents said they had really enjoyed this.

Residents were also identifying goals they may like to achieve. One resident was planning a sun holiday in the coming months, and residents were working on some goals to increase their skills and become more independent. Another resident had a goal in place to own a dog and on the day of the inspection was visiting a dog shelter to see if they could provide a new home for a dog.

The assistant director of services also informed the inspector about a new strategy in the wider organisation called 'supported employment' which was set up to give residents the opportunity to have paid employment within the organisation. One of the residents who was involved in this told the inspector that this gave them a sense of independence and was good experience for them. This was a positive example of how the registered provider was improving outcomes for residents.

Over the course of the inspection, it was evident that the staff and residents knew each other well. The staff were observed to be professional with residents, kind and patient, while also having some fun and laughs with the residents.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

There was clear management structures outlining who was accountable for areas of

care and services provided in the centre. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here. The governance and management arrangements in the centre were ensuring that the service was monitored, audited and reviewed on a regular basis. This meant that residents were provided with a safe quality service. Some minor improvements were required in policies and procedures and records stored.

The skill mix of staff and the number of staff on duty each day was appropriate to meet the assessed needs of the residents. A consistent staff team was employed in the centre.

Training had been provided to staff to ensure they had the necessary skills to support the residents. Community nurses were also available to provide guidance and support staff and residents about their healthcare needs.

The registered provider and person in charge had systems in place to manage complaints. The person in charge maintained clear records to show how complaints were managed.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the Chief Inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full time basis in the organisation. They had a management qualification and experience working in the disability sector. At the time of the inspection the person in charge was also undertaking further education to enhance their knowledge base. The person in charge was found to be responsive to the inspection process and to meeting the requirements of the regulations. They demonstrated a commitment to providing person-centred care to the residents living here.

They were also aware of their legal remit under the regulations and supported their staff team through supervision meetings and team meetings.

Judgment: Compliant

Regulation 15: Staffing

The staff team skill mix comprised of two team leaders, and eight direct support workers. The person in charge worked Monday to Friday 9-5. There were no staff vacancies in the centre at the time of the inspection. There was also a consistent staff team employed. As an example, the inspector compared a rota for January 2025 and June 2025 which showed that only one staff had left and one new staff had started.

The residents and staff also had the support of community nurses who were employed in the wider organisation to support and guide them with any specific healthcare needs residents may have. One of the residents spoke to the inspector about the supports provided to them from the community nurses who would they said would sometimes visit the resident in the centre rather than the resident having to travel.

Senior managers were also on call 24/7 to provide guidance and support to staff.

The two residents who met with the inspector spoke very highly of the staff members employed in the centre and described them as very supportive and kind.

The inspector reviewed a sample of records that are required to be in place under Schedule 2 of the regulations in three staff personnel files and found that the records were in place and no concerns were noted.

The sample of records viewed for each of those staff included:

- Vetting disclosure
- Photo identification
- Two written references
- Contracts of employment
- Correspondence, reports and records of disciplinary action.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a suite of training divided into mandatory training, training specific to this designated centre and other training. The training records were maintained on an electronic database. This electronic database, could generate a report that showed whether there was any training not completed or if refresher training was due. This enabled the person in charge to maintain oversight of the training records. This report on the day of the inspection showed that all mandatory training was completed and two staff were due to complete additional training in

positive behaviour support which was scheduled in the coming weeks.

Certificates of these training records were also stored on this database. The inspector reviewed a sample, of the mandatory training and additional training for a sample of three staff members and found that they had completed all mandatory training as outlined in the Statement of Purpose. And two staff were due to complete additional training in the coming weeks. The inspector found that some of the training which had been provided to staff was not included in the training outlined in the Statement of Purpose. The person in charge agreed to update this document to include all training provided that was relevant to the care and support provided to the residents. As an example; staff were required to complete First Aid training and this was not included in the Statement of Purpose.

The mandatory training which all staff are required to complete prior to working in the designated centre included:

- Antimicrobial Resistance and Infection Control (AMRIC)- Basics of Infection & Prevention Control
- AMRIC - Hand Hygiene
- AMRIC - Personal Protective Equipment
- AMRIC - Respiratory Hygiene and Cough Etiquette
- AMRIC - Standard and Transmission-Based Precautions
- AMRIC- Management of Blood and Body Fluid Spillages
- Children First
- Safeguarding of Vulnerable Persons
- Fire Safety
- Food Safety
- FEDS Part 1 – Foundation
- Health and Safety in the Talbot Group
- Moving and Handling (including people handling)
- Professional Management of Complex Behaviours (PNCB)
- Communicating effectively through Open Disclosure
- Dignity at Work
- Cyber Security
- First Aid
- Medication Management Theory.

After commencing employment staff also completed further training specific to the needs of the residents some of which included:

- Assisted Decision Making
- Medication Management (Competency Assessments)
- Positive Behaviour Support
- People & Personal Skills
- Resident Safety/Support
- Staff Safety
- Information Management.

Staff were also provided with formal supervision four times a year and informal

supervision when the person in charge is on duty. This enabled staff to discuss their personal development and raise concerns about the quality of care if they had any. A sample of records reviewed by the inspector found that staff had not raised any concerns about the quality of care. The person in charge confirmed this also for all staff.

The inspector spoke to one staff who demonstrated a very good knowledge of the residents' needs and outlined some the residents' healthcare needs, fire safety measures and the residents' goals and aspirations.

Overall, the inspector found that staff had been provided with training to meet the needs of the residents. The interactions observed on the day of the inspection showed that staff were providing care to the residents in a person-centred manner.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was established and maintained by the person in charge and included details such as the date on which a resident was admitted to the centre, or a date on which a resident was discharged from the centre.

Judgment: Compliant

Regulation 21: Records

Under Schedule 3 of the regulations, certain documents are required to be held in the designated centre regarding each resident. The inspector observed on inspection that there were gaps in two of the required documents to be maintained. These included a health care plan that outlined the medical interventions for one resident in respect of a medicine they were prescribed and an assessment for a bedrail that was prescribed for one resident. These gaps did not result in a medium or high risk to residents at the time of this inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

As part of the application to renew the registration of the centre, the registered provider had submitted a valid insurance certificate which included cover for the

building and all contents and residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had effective leadership, governance and management arrangements in place with clear lines of accountability. The person in charge was employed full time in the centre. Each day either a team leader or shift lead was appointed who was accountable for the care and support provided when the person in charge was not on duty.

The person in charge reported to an assistant director of services, who was also accountable for the care and support provided. The assistant director of services reported to a director of services, who in turn reported to the chief operating officer. The residents were observed to know the management structures in the centre and knew some of the key managers in the centre like the assistant director of services.

The registered provider also had other directorates within the organisation to oversee services like risk management and quality. As an example the director of risk and quality had a team of personnel who were accountable for risks and or quality issues in all of the designated centres.

There are adequate resources in place to support residents achieving their individual personal plans, and in line with the assessed needs of the residents. The registered provider was also implementing new strategies in the wider organisation to provide residents with employment opportunities. This strategy was called 'supported employment' and was set up to give residents the opportunity to have paid employment within the organisation. One of the residents who was involved in this, told the inspector that this gave them a sense of independence. This was a positive example of how the registered provider was improving outcomes for residents.

The registered provider had personnel appointed to conduct a six monthly unannounced quality review, along with an annual review of the designated centre. The annual review included feedback from the residents who reported that they were happy with the services provided. Other audits were conducted in areas such as medicine management, fire safety and personal plans.

The inspector also found that residents were involved in decisions around the management of the centre. As an example; they had been all involved in planning upgrades to the back garden, and one of the residents had picked out the flowers for the garden and also shopped for some of the soft furnishings as they loved shopping and had a great eye for matching colours.

Arrangements were in place to ensure staff could exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. This included monthly staff meetings and arrangements in place for staff

supervision meetings.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose reflected the facilities and services provided in the centre. It was also updated at least annually or when any changes occurred in the services provided. An easy-to-read statement of purpose was also available in the centre for residents who may require this format.
Judgment: Compliant
Regulation 31: Notification of incidents
A review of the adverse incidents that occurred in the centre since January 2025, informed the inspector that the person in charge notified the Chief Inspector of any relevant adverse incidents within the specified time frames required under the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
Residents were facilitated to make complaints on the services provided. The registered provider had a complaints policy in place that outlined the procedures that would be followed in the event of a resident being unhappy with aspects of the care and supports provided in the centre. This included an appeals process if they were not satisfied with the outcome of the complaint after it was investigated. The provider had also outlined specific time frames for managing and investigating complaints. The procedure for who to make a complaint to was clearly displayed in the centre, and the residents spoken to were aware of this procedure. The registered provider had also an easy-to-read format of the complaints procedure for residents who may require this format. Some minor improvements were required to this, easy-to-read document, which were addressed on the day of the inspection by the person in charge. One resident that met with the inspector spoke about a complaint they had made, and said they were very happy with the way it was managed and the outcome of their complaint.

Overall the inspector found that residents were supported to make complaints and the person in charge had very good systems in place, to ensure that they were resolved locally, and managed in a timely manner. The person in charge also met with residents who had raised complaints to ensure that they were satisfied with the outcome of the complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed three policies that are required to be maintained in the designated centre. These included the following policies:

- The prevention, detection and response to abuse, including reporting of concerns and or allegations of abuse to statutory agencies
- Risk management and emergency planning
- Medication management.

All three policies had been updated within the three year time frames as required under the regulations. The risk management policy, however, did not guide best practice or the practice in the organisation in relation to the time frames for which red or orange risk assessments should be reviewed. There was also no clear supplementary policies, procedures and guidelines to support the use of bed rails in the centre which could pose a risk to residents.

The medicine management policy (which was under review at the time of this inspection) outlined the reporting procedures when there was a medicine omission in the centre, however, this was not always the practice in this designated centre. This did not pose a significant risk to residents at the time of this inspection as staff always sought advice from senior managers in such an event.

Judgment: Substantially compliant

Quality and safety

Overall, the residents living in this centre were provided with a safe quality service, which ensured that residents were included in decisions around their care and about things happening in the designated centre.

Residents were supported with their health and emotional needs and had regular access to allied health professionals. A sample of healthcare plans viewed showed for the most part that they guided practice. However, one healthcare plan as discussed under records, required more details in terms of a medicine prescribed for

one resident.

Residents were supported with their general welfare and development. They chose activities in line with their personal preferences, were supported to maintain links with family and were provided with employment opportunities.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

The centre was clean, spacious and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences.

All staff had completed training in safeguarding vulnerable adults and residents had been provided with education and advice about their right to feel safe in the centre.

Regulation 13: General welfare and development

Residents were supported and encouraged to maintain connections with family and friends. Last year the residents had hosted a party for some of their friends which included a visit from a company that brought exotic creatures like snakes and reptiles to the centre. The residents reported that they had really enjoyed this.

Residents were also identifying goals they wanted to achieve. One resident had a goal in place to own a dog and on the day of the inspection was visiting a dog shelter to see if they could provide a new home for a dog. Another resident was planning a holiday to the sun and was exploring destinations at the time of the inspection.

Two of the residents spoke about how staff supported them to increase their independent living skills. The assistant director of services also informed the inspector about a new strategy in the wider organisation called 'supported employment' which was set up to give residents the opportunity to have paid employment within the organisation. One of the residents who was involved in this, told the inspector that this gave them a sense of independence and was good experience for them.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the needs of the residents. As outlined in section one of this report the premises were spacious, decorated to a high standard

and well maintained. Residents chose the specific styles they wanted their bedroom laid out.

The registered provider had systems in place to ensure that equipment in the centre was maintained and in good working order. As an example; the boiler was serviced in and profile beds and air mattresses had been serviced.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were consulted with about menu planning and some of them prepared some of their own meals each day. Residents could choose when they had their meals and what to have. As an example; on the day of the inspection, one resident was having stew for dinner and one was having ice-cream as it was a warm day and they were not feeling hungry. The food served looked appetising and one of the residents said that the staff here are great cooks.

The residents were also involved in shopping for groceries and one of them informed the inspector that they liked going to the local supermarkets every week with staff to do the grocery shopping.

Another resident was very happy that since the last inspection they were now independently preparing their own breakfast, lunch and supper and was now working towards a goal to cook dinner on their own.

Where residents required supports from allied health professionals around specific dietary requirements, this was provided for.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided, how residents should be included in the running of the centre and where residents could access inspection reports carried out in this centre by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place and other supplementary policies, such as an incident management policy, to guide how risks were managed in the centre. This policy outlined who was accountable for risk management and the procedures to follow in the centre and wider organisation. As outlined in regulation 4: Policies and Procedures, however some improvements were required with these policies.

The systems included a process for reporting and reviewing incidents and, the management and review of risk assessments. As an example any risk assessments rated red were escalated to senior managers in the centre.

Incidents in the centre were reviewed by the person in charge and any actions agreed to mitigate risks were discussed at staff meetings. For example; where a resident had fallen, they had been reviewed by a physiotherapist and an exercise plan had been put in place to support the resident's recovery. Where residents were at risk of choking or at risk of falls, there were risk assessments in place. Control measures included that all staff were trained in first aid so as they could respond in a timely manner.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm, fire extinguishers and fire doors were being serviced by competent fire personnel and visual checks were completed by staff to ensure this equipment was in good working order. For example: emergency lighting and the fire alarm had last been serviced in February and May 2025. Staff also conducted daily, weekly and monthly checks to ensure that effective fire safety systems were maintained. For example; the means of escape (exits) were checked on a daily basis and a visual inspection of emergency lighting was carried out weekly. A review of records for the last three months showed that no issues had been identified from these checks.

Residents had personal emergency evacuation plans in place outlining the supports they required. One staff member went through the fire evacuation procedure for the centre and was clear about the support residents required. For example; in the event of a hoist used to transfer a resident in the centre not working a ski sledge was available as an additional precaution. The staff member was familiar with how this aid worked. The person in charge also confirmed that staff received training on how to use this aid as part of their training. Both residents who spoke to the inspector were familiar with the fire assembly point and told the inspector that on hearing the alarm they would get out of the building immediately. One resident who

had a hearing impairment, also had a vibrate pillow in place to alert them of a fire when they were in bed.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records viewed showed that these were taking place in a timely manner. As an example fire drills had been conducted during the day and during hours of darkness when the staff levels were reduced. The fire drill records indicated that a fire evacuation was completed on both occasions in a timely manner. As well as this when new staff started in the centre additional fire drills were also completed to ensure that they were aware of the procedures to follow.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a policy in place which was under review at the time of this inspection. It included information on the ordering, receipt, prescribing, storing and administration of medicines; handling and disposal of unused or out-of-date medicines. Staff were trained in medicines management and had competency assessments completed to assure that they were competent to administer medicines. A staff member went through the procedure for the receipt, storage, and administration of medicines and the management of unused medicines. The staff member had a good knowledge about the medicines prescribed and why they were prescribed for residents and informed the inspector about the provider's policy which included the ten rights of medicine administration. The ten rights of medicine administration are principles applied to ensure for example; that the right medicine is administered to the right person at the right time. These rights were in line with best practice guidelines at the time of this inspection.

Where medicine administration errors had occurred, the person in charge ensured that learning from these was shared across the centre or that additional support was provided to staff to ensure best practice going forward. As an example where medicine errors had occurred they were discussed at staff meetings.

Each resident had an assessment completed to see if residents could be supported to manage their own medicines in line with their wishes and or preferences. All residents had decided that they were happy for staff to manage their medicines. One resident, however, informed the inspector that they might review this in the future as they would like to be more independent in this area.

One resident went through the medicines they were prescribed and knew what the medicines were prescribed for. They also spoke about attending their general practitioner about some side effects they were having and how they were supported with this to find a solution. The staff who spoke to the inspector was very aware of

these side effects and how they were affecting the resident concerned.

Judgment: Compliant

Regulation 6: Health care

The residents were included in decisions around their healthcare needs. They had timely access to allied health professionals where required or if there was a change in the resident's needs. The allied health professionals employed in the organisation that residents had access to included:

- Community Nurses
- Psychologist
- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Positive Behaviour Support Specialist
- Consultant Psychiatrist
- Dietician (visiting practitioner on referral basis).

In the community residents had access to the usual community services such as

- General Practitioner
- Chiropody
- Dental services.

Two of the residents who spoke to the inspector were aware of their healthcare needs and the allied professionals in place to support them. Residents were provided with information about healthcare screening programmes available to them and some residents had availed of some of these programmes in line with their wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

In terms of this regulation, the inspector reviewed the application of restrictive practices only. There were three restrictive practices reported on a quarterly basis in this centre. They included a locked press, a bed rail and a lap belt. There was no medicines administered that came under the definition of chemical restraint. The use of physical restraint was not allowed in this centre.

The inspector found that there was rationale in place for each of the restrictive practices. They were only used as a last resort. As an example; the press was only

locked at specific times when a resident may be at risk due their presentation. The person in charge maintained a risk register indicating when restrictive practices were applied. Restrictive practices were also reviewed to ensure that they were the least restrictive option. Residents were also included in decisions around the application of these restrictive practices. As an example; the resident who used a bed rail had requested this themselves as it made them feel safer while they were in bed.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults and residents were provided with regular education and check ins from the person in charge to ensure they felt safe. Where incidents had been reported to the Chief Inspector, the provider had reported it to the relevant authorities and taken steps to safeguard residents.

One resident who spoke to the inspector said that they felt safe, could report concerns to the staff team and went through an incident where they had reported one such concern. The resident informed the inspector that they were satisfied with how the concern was managed.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were involved in decisions around their lives. The inspector found examples where the person in charge had supported residents to seek advice from external advocacy services, legal representatives and assisted decision making arrangements included under new capacity legislation.

A person-centred approach was promoted which enabled residents to be empowered and participate in decision around their care and treatment and the running of the centre. Where residents were not happy with aspects of care, they were encouraged and supported to raise complaints.

Weekly residents meetings were held and as well as this the person in charge met with the each resident on a monthly basis, to make sure the residents were happy with the care. The inspector observed examples in the minutes of these meetings where residents that had raised concerns, they had been supported to raise a complaint which were addressed by the person in charge.

Where residents decided against some treatments or interventions this was

respected.

Examples of how residents were included in the running of the centre, included deciding collectively on where medicines would be stored, coming up with solutions that would resolve some noise levels in the centre, involvement with staff for cleaning the centre, choosing upgrades in the house (like soft furnishings and the new design for the garden).

Where residents required easy-to-read information it was provided. Examples included, the complaints policy, feeling safe and what to do if they had a concern about their rights.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Deerpark Lodge OSV-0007717

Inspection ID: MON-0038684

Date of inspection: 02/07/2025

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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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: To ensure full compliance with Regulation 21 (B), the following corrective actions have been undertaken in response to the identified issues: The issue identified with the healthcare plan for one resident, specifically the incomplete documentation of medical interventions related to a prescribed medicine has been addressed. The healthcare plan was reviewed and updated on 21/07/25 to include the following: • A clear outline of the prescribed medication, including dosage, route, frequency, and clinical rationale. • Documentation of any required blood tests associated with the safe administration and monitoring of this medication, including test type, frequency, and parameters for follow-up. • Responsibilities assigned to nursing staff for ensuring timely testing and documentation of results. • A pathway for reviewing the phlebotomy results by the prescribing consultant is in place. In relation to the prescribed bedrail, a full review of the resident's risk assessment has been completed. The assessment has been appropriately documented to include: • Clinical justification for bedrail use. • Risks and benefits evaluated. • Consent and resident involvement. • Mitigation measures against entrapment and scheduled review dates. Talbot Group are developing a specific Clinical Equipment Policy, to provide clear guidance on the monitoring and servicing of all clinical equipment, including bed rails. A monitoring tool for bedrails has been devised, this will evidence that the equipment in use, is being used appropriately, as intended and maintained as per instructions. The completion of this tool will be reviewed by the PIC and or/team lead daily to ensure the equipment is used correctly.	

Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Organisations Risk Management Policy has been reviewed and updated. The revised policy now includes a clear risk rating system and defined timeframes for the review of identified risks. Roles and responsibilities for monitoring and escalating risks are clearly outlined. The updated policy has been disseminated to staff and included in regular training and supervision. Compliance will be monitored through the Centre's internal audit process. In addition, monitoring of all red risks is now a standing agenda item on a weekly meeting with clinical, operational and quality management teams in addition to the monthly Management Team meeting. The Organisation's Medication Management Policy has been reviewed and clearly outlines the procedures for the reporting, recording, and escalation of medication omissions. In a team meeting held on the 11/07/25 the PIC has discussed procedures for the reporting, recording, and escalation of medication omissions that may occur within the centre with all staff. Additionally, The PIC has implemented a monthly oversight audit in conjunction with the weekly checks, to monitor adherence and identify trends or areas for improvement. The PIC will review all medication folders to ensure that there have been no issues such as errors/omissions/refusals and if so that they have been appropriately actioned and escalated in line with policy. The Assistant Director of Services will continue to monitor during governance meetings and escalate trends as required.	

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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/09/2025
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/09/2025