



**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:	Announced
Date of inspection:	18 October 2023
Centre ID:	OSV-0000222
Fieldwork ID:	MON-0032418

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:	32
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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
Wednesday 18 October 2023	09:00hrs to 18:15hrs	Mary Veale	Lead
Wednesday 18 October 2023	09:00hrs to 18:15hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

This was an announced inspection which took place over one day. Based on the observations of the inspectors and discussions with residents and staff, Deerpark Nursing Home was a nice place to live. There was a welcoming and homely atmosphere in the centre. The inspectors spoke with seven residents living in centre in detail to gain insight into their experience of living in Deerpark Nursing Home. Residents' rights and dignity was supported and promoted by kind and competent staff. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities.

On arrival, the inspectors were met by the person in charge. Following an introductory meeting with the person in charge and one of the clinical nurse managers on duty, the inspectors were accompanied on a tour of the premises by the clinical nurse manager. The inspectors greeted, spoke with and observed residents in communal areas and in their bedrooms.

The centre was clean and the atmosphere was calm and relaxed. The design and layout of the centre met the individual and communal needs of the residents. The centre comprised of a single-storey building with 13 single bedrooms and ten double rooms. 11 bedrooms had an en-suite toilet, shower and wash hand basin. Nine bedrooms had an en-suite toilet and wash hand basin and three bedrooms had a wash hand basin. Bedrooms contained flat screen televisions and were personalised, decorated with resident's greeting cards, photographs and artwork. Lockable locker storage space was available for the residents and personal storage space comprised of a locker, set of drawers and double wardrobe space. Pressure relieving specialist mattresses, cushions, crash mats and other supportive equipment were observed in residents' bedrooms.

Armchairs, chairs and sofas were available in all communal areas. Communal spaces were spacious, comfortable and bright, with views of the surrounding countryside. The living home had a fireplace and a large television. The living room had an adjoining quiet room for residents who wished to spend time alone reading the newspaper, listening to music or partake in one-to-one activities. The dining room had a homely kitchen atmosphere with nicely decorated tablecloths. There was a private visitors room available for residents. The centre had an indoor smoking room available to residents who choose to smoke. Inspectors observed the centre had been colourfully decorated for Halloween. The corridors displayed pleasant pictures and were sufficiently wide to accommodate walking frames and handrails were installed in all circulating areas. Sitting areas were provided in larger corridors areas which were observed to provide a rest area for some residents who walked around the centre. Call bells were fitted in bedrooms, bathrooms, smoking room and communal rooms.

The centre had open access to a large internal outdoor courtyard area. This area had artificial grass, garden tables and chairs, and attractive potted plants.

Inspectors were told that this area was used by residents and staff when the weather allowed. Some residents spoke of the planting they had undertaken in the garden during the year.

The inspectors observed many examples of kind, discreet, and person-centred interventions between staff and residents throughout the day of the inspection. The inspectors observed that staff knocked on resident's bedroom doors before entering. Residents were very complimentary of the staff and services they received. Residents' said they felt safe and trusted staff. Residents told the inspectors that staff were like family to them and were always available to assist with their personal care.

The centre provided a laundry service for residents. All residents whom the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing. A small number of residents preferred to have their clothes laundered by a family member.

Residents spoken to said they were very happy with the activities programme in the centre. The residents were observed attending mass in the centre on the morning of the inspection. In the afternoon, the residents enjoyed a cheese and wine party and the inspectors were informed that the residents looked forward to this party regularly. The inspectors observed staff and residents having good-humoured banter during the activities. The inspector observed the staff chatting with residents about their personal interests and family members.

Residents enjoyed home-cooked meals and stated that there was always a choice of meals and the quality of food was very good. Residents told the inspectors that they had their breakfast in bed if they wished. The inspectors observed the dining experience for residents in the dining room. The mealtime experience was quiet and staff were observed to be respectful and discreetly assisted the residents during mealtimes.

The inspectors observed visitors coming and going from the centre throughout the afternoon of inspection. The inspectors spoke with one family member who was visiting. This visitor was very complimentary of the staff and the care that their family member received. Inspectors observed a comments book at reception where visitors signed in. This book contained positive feedback from family members describing kind and friendly staff in addition to the comfort and safety experienced by their loved ones in the centre.

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 announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the findings of the previous inspection of November 2022. Improvement had been made relating to fire precautions, visiting arrangements and premises since the last inspection. On this inspection, the inspectors found that actions were required by the registered provider to address Regulation 21: records and areas of Regulation 5: individual assessment and care planning, Regulation 17: premises, Regulation 27: infection prevention and control, Regulation 29: medicines and pharmaceutical services and Regulation 34: complaints procedure. The inspectors also followed up on notifications and two pieces of unsolicited information submitted to the office of the Chief Inspector of Social Services since the previous inspection.

The registered provider of Deerpark Nursing Home is Deerpark Nursing Home Limited. The company had three directors. One director is the registered provider representative and is the person in charge of the centre. A second director supports the person in charge with administrative duties. A clearly defined management structure was in place, and both staff and residents were familiar with staff roles and responsibilities. The person in charge worked full-time in the centre, providing clinical oversight. She was supported by a team of nursing, health care, household, catering, activity and maintenance staff. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection.

The registered provider had applied to renew the registration of Deerpark Nursing Home. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration. On the day of inspection, the inspectors observed that a staff office was in use as a private visitor's room and the provider outlined that the room was utilised by residents. The provider was requested to submit an updated floor plan and statement of purpose following the inspection to reflect this change.

There was an ongoing schedule of training in the centre. The centre had a staff member who had completed training in train the trainer, and had facilitated safeguarding, fire safety, infection prevention and control, and dementia training. Staff with whom the inspectors spoke with, were knowledgeable regarding fire safety, safeguarding and complaint management procedures.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. The centre had an extensive suite of meetings such as local management meetings, staff meetings which included nurses meetings, health care assistant meetings, catering staff meetings and meetings with allied health professionals. There was evidence of an ongoing schedule of audits in areas which included care planning, falls, restrictive practice, wound care and infection prevention and control. These audits identified areas to improve the quality and safety of care and these improvements were being proactively implemented. The annual review for 2022 was submitted following the inspection. It set out the improvements completed in 2022 and improvement plans for 2023.

The inspectors followed up on incidents that were notified to the office of the Chief Inspector of Social Services and found these were managed in accordance with the centre's policies.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspectors throughout the day of inspection. Staff records, as set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), were available to inspectors. Improvements were required to ensure that full employment histories were in place in all employee files. This was a repeated finding following the centres November 2022 inspection. In the sample of staff files viewed, Garda Siochana (police) vetting disclosures were not always in place for all staff before they commenced employment. This will be discussed further under Regulation 21: records of this report.

There was a complaints management policy within the centre and a complaints procedure displayed in the reception area. A sample of complaints management records were reviewed. Inspectors observed complaints had been assessed and managed promptly and that improvements and recommendations arising from the complaint had been communicated to staff members to improve the overall quality of care and resident experience. Residents said they were aware they could raise a complaint with any member of staff or the person in charge. Actions were required to align the complaints procedure with SI 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations. This is discussed further in this report under Regulation 34: complaints procedure.

The inspectors followed up two pieces of unsolicited information that had been submitted to the office of the Chief Inspector since the previous inspection. The unsolicited information received related to care planning, health care, resident's rights, protection, food and nutrition, governance and management, infection prevention and control, and complaints procedure. All these regulations were reviewed, health care, resident's rights, food and nutrition, governance and management were found to be compliant and further improvements were required in care planning, protection, infection prevention and control, and complaints procedure.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There was a registered nurse in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safe guarding, fire safety, behaviours that are challenging and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of three staff files and found evidence of staff members' identity, qualifications and registration details. However, the personnel files did not contain all of the documentation required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), to ensure safe and effective recruitment practices. For example:

- Three staff files contained gaps in the staff employment histories.

- Two files did not have written references from the staff members most recent employer.
- One file did not contain the corresponding staff members Garda Siochana (police) vetting disclosure.

A record of medicines transcribed were not signed by nursing staff in accordance with the Nursing and Midwifery board of Ireland professional guidelines. For example;

- A sample of medication kardex's viewed on the day of inspection identified that some short term use medication were not signed by the transcribing nurses, nor signed by the general practitioner (GP) as outlined in the centres policy and procedure for medication management.

While the registered provider had taken steps to protect residents from abuse, including providing training and a policy on detecting, preventing and responding to abuse, there was evidence on staff records of Garda vetting disclosures being received following the staff member's commencement date of employment.

Judgment: Not compliant

Regulation 22: Insurance

A certificate of insurance was available indicating that the centre was insured against injury to residents and loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection. The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure which required further updating to fully align with S.I. No. 628 of 2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022, which came into operation on 1 March 2023, to ensure resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Updates required to the complaints procedure included the following:

- The provision of a written response to a complainant and timelines for the review officer to review a complaint were required to be included in the centres complaints policy and complaints procedure.
- Training was required for the complaint and review officers.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors were assured that residents living in Deerpark Nursing Home enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. There was a varied programme of activities that was facilitated by an activity co-ordinator, nursing and care staff and was tailored on a daily basis to suit the expressed preferences of residents. There were good positive interactions

between staff and residents observed during the inspection. Improvements were required in relation to Regulation 5: individual assessment and care planning, Regulation 17: premises, Regulation 27: infection prevention and control, and Regulation 29: medicines and pharmaceutical services.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged with practical precautions in place to manage any associated risks. There were no visiting restrictions in place, however due to adverse weather conditions on the morning of the inspection only a small number of visitors attended the centre. Inspectors observed visitors attending the centre throughout the afternoon of the inspection.

Residents were supported to access appropriate health care services in accordance with their assessed needs and preferences. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents had access to a psychiatric team, nurse specialists and palliative home care services who all attended the centre. Residents had access to a consultant geriatrician in hospital. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, occupational therapist, dietician, and chiropodist. The centre had access to a mobile x-ray service in the home. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre did not act as a pension agent for any of the residents. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents and some residents chose to have their clothing laundered at home.

There were effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. All doors to bedrooms and compartment doors had automated closing devices. All fire doors were checked on the day of inspection and were in working order. All emergency lighting was checked on the day of inspection and were found to be in working order. Fire training had been completed by all staff. There was evidence that fire drills took place monthly and when a new employee was employed in the centre. There was evidence of fire drills taking place in each compartment with a night time drill taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. All fire safety equipment service records were up to date. All escape routes were assessable, free from obstructions and the assembly points were accessible. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were up

to date. Fire evacuation maps were displayed in all compartments throughout the centre. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was on the agenda at meetings in the centre. On the day of the inspection there were no residents who smoked. The smoking room was not in use on the day of inspection. A call bell, fire blanket, fire extinguisher and fire retardant ash tray were available in the centre's smoking room.

The centre was cleaned to a high standard and was tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and areas of the centre had been painted since the previous inspection. Service records for equipment such as beds and hoists were up to date. Alcohol hand gel was available in all communal corridors and outside bedrooms. Bedrooms were personalised and residents had sufficient space for their belongings. Overall the premises supported the privacy and comfort of residents. Residents had access to call bells in their bedrooms, en-suite bathrooms and all communal rooms. Grab rails were available in all corridor areas, toilets and en-suite bathrooms. Improvements were required in relation to the centres premises this will be discussed further under Regulation 17: premises.

Improvements were found in infection prevention and control since the previous inspection. The centres storage areas were clean, and free of clutter and organised. Staff were observed to have good hygiene practices. Sufficient housekeeping resources were in place on the day of inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centre had a cleaning schedule for curtains. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) and COVID-19 were agenda items on the minutes of the centres staff meetings and management meetings. The centre had a quarterly IPC audit schedule which included, auditing of the laundry, the equipment, the environment and hand hygiene. There were an up to date IPC policies which included COVID-19 and multi-drug resistant organism (MDRO) infections. Further improvements were required in infection prevention and control, this is discussed further under Regulation 27: infection prevention and control.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. Improvements were required in the procedure for transcribing medications which is discussed further under Regulation 21: records. The storage of control medicines required reviewed, this is discussed further under Regulation 29: medicines and pharmaceutical services.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the

service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to national advocacy and SAGE advocacy services. The advocacy service details were displayed in the reception area and the monthly activities planner was displayed in the sitting room. Residents has access to daily national newspapers, Internet services, books, televisions, and radio's. Mass took place in the centre each week. Musicians attended the centre regularly. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

The inspector observed that the resident's pre- admission assessments were paper-based and nursing assessments and care plans were maintained on an electronic system. Residents' needs were assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. There was evidence that the care plans were reviewed by staff three monthly. Further improvements were required to residents care plans which is discussed under Regulation 5: individual assessment and care planning.

Ample food and refreshments were available to residents throughout the day of inspection. Food was attractively presented, and residents were offered a choice at mealtimes. All residents spoken with reported that they immensely enjoyed the food in the centre and that it was provided in sufficient quantities. Residents requiring assistance were supported in a respectful and dignified manner. The catering staff were aware and written records of each resident's dietary preferences and requirements. There was access to dietetic and speech and language therapy assessments. Changes to a resident's diet were communicated to the catering staff by the nursing staff.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre. Staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. However, improvements were required in the procedures to ensure staff were Garda vetted prior to employment. This is discussed further in the report under Regulation 21: records.

Regulation 11: Visits

There were arrangements for residents to receive visitors, both in public and in private. Within communal areas, there was comfortable seating for guests. The provider had also recently repurposed a staff room into a new private visiting room. Inspectors observed a friendly and welcoming atmosphere towards visitors. Residents spoke about how they enjoyed hosting family and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to facilities to enable them to maintain control of their personal possessions in a safe and secure place. They had access to a laundry service on site, which provided a service that met their needs. They had adequate space to store their clothes in their personal private space.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- A room containing oxygen required safety signage to ensure persons entering this room were aware of this risk.
- The centres assisted bath and shower room did not have a door handle or lock which may impact on the privacy and dignity of residents who use this bathroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- Incontinence wear was stored on open shelves of communal toilets which posed a high risk of contamination and risk of transmission of infection.

- A review of the centres grab rails in toilet areas was required as some contained rust. This posed a risk of cross contamination as staff could not effectively clean the rusted part of the grab rail.
- Sharps bins were not stored in line with best practice guidance, and the temporary closure mechanism was not engaged on any of the sharps bins seen by inspectors
- A number of waste bins were not hands free or their foot pedal operating mechanism was broken. This posed a risk of contamination and transmission of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The centre's medication management policy outlined that transcribing of medicines should be signed by 2 staff and a GP. The inspectors found evidence that this policy was not followed, and that nurses were operating outside of best-practice guidelines.

The storage of controlled drugs required review as residents valuables were found stored in the centres control drug press, this was not in line with best-practice guidance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- A sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents spoke of exercising choice and control over their day and being highly satisfied with various activities and recreational facilities. Residents stated that their religious needs were respected. Residents could be consulted about and participate in the centre's organisation through resident meetings. There was access to multiple newspapers, televisions, radios and Internet services within the centre. There were advertisements for advocacy services at the centre's reception.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not 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	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Deerpark Nursing Home OSV-0000222

Inspection ID: MON-0032418

Date of inspection: 18/10/2023

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	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • STAFF FILES • ALL RECORDS WILL BE REVIEWED, WITH INVESTIGATION AND DISCOVERY OF REQUIRED INFORMATION INSERTED FOR FULL COMPLIANCE, IF UNSUCCESSFUL IN HISTORIC EMPLOYEMNT A LETTER OF EXPLANATION WILL BE ATTACHED , ALL FILES RE CHECKED FOR ACCURACY • MEDICATIONS • ALL MEDICATION RECORDS HAVE NOW BEEN RECTIFIED AND UPDATED, ALL NURSES ADVISED TO ADHERE TO THIS PRACTICE. 	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none"> • RELEVANT PERSON COMPLAINTS OFFICER AND REVIEW OFFICER ARE TO UNDERTAKE TRAIING FROM HSELAND. POLICY WILL BE UPDATED TO REFLECT SAME 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

- SIGNAGE HAS NOW BEEN PLACED ON DOOR OF RESIDENT WITH OXYGEN.
- DOOR HANDLE HAS BEEN FITTED TO THE COMMUNAL TOILET AND SHOWER.
- CCTV SIGNAGE HAS ALL BEEN POSTED IN REQUIRED AREAS

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

- Incontinence wear was stored on open shelves of communal toilets which posed a high risk of contamination and risk of transmission of infection. PLAN IN PLACE TO CONSTRUCT CUPBOARD FOR INCONTINENCE WEAR.
- A review of the centres grab rails in toilet areas was required as some contained rust. This posed a risk of cross contamination as staff could not effectively clean the rusted part of the grab rail. ALL RAILS WITH EVIDENCE OF RUST HAVE BEEN CORRECTED OR REPLACED.
- Sharps bins were not stored in line with best practice guidance, and the temporary closure mechanism was not engaged on any of the sharps bins seen by inspectors STAFF ADVISED THAT ALL SHARPS BINS ARE TEMPORARILY CLOSED AND CHECKED REGULARLY SPOT CHECKS WILL BE RECORDED
- A number of waste bins were not hands free or their foot pedal operating mechanism was broken. This posed a risk of contamination and transmission of infection. PLAN TO PURCHASE NEW BINS IN PROCESS

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- THE STORAGE RESIDENTS VALUABLES ARE NOW STORED IN A SEPARATE LOCKED SAFE IN NURSES OFFICE .

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- A sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.

- WE WILL IMPLEMENT INVOLVEMENT OF RESIDENT AND CARE REPRESENTATIVE AND REVIEW EVERY 4 MONTHS AMENDING POLICY TO SHOW SAME

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	20/11/2023
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.	Not Compliant	Orange	31/01/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	31/12/2023

	infections published by the Authority are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	20/11/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints	Substantially Compliant	Yellow	31/01/2024

	procedure provides for the provision of a written response informing the complainant of the outcome of the review.			
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(2)(h)	The registered provider shall ensure that the complaints procedure provides for the persons nominated under paragraph (a) and (d) should not be involved in the subject matter of the complaint, and as far as is practicable, shall not be involved in the direct care of the resident.	Not Compliant	Orange	31/01/2024

Regulation 34(5)(a)(iii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to (iii) request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Not Compliant	Orange	31/01/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/12/2023