



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

Issued by the Chief Inspector

Name of designated centre:	Deerpark Nursing Home
Name of provider:	Deerpark Nursing Home Limited
Address of centre:	Deerpark Nursing Home, Lattin, Tipperary
Type of inspection:	Unannounced
Date of inspection:	09 June 2021
Centre ID:	OSV-0000222
Fieldwork ID:	MON-0033174

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:	27
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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 9 June 2021	10:40hrs to 15:20hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents were mostly positive about their experience of living in Deerpark Nursing Home and highly praised staff for their help and companionship. The inspector spoke with five residents and one visitor and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

The inspector was guided through the centre's infection control procedures before entering the building. The centre was warm and bright throughout and there was a homely atmosphere. Bedrooms were personalised and some residents had brought in their own furniture from home. Communal spaces were comfortable and enjoyed lots of natural light. The day space had an adjoining quiet room for residents who wished to spend time alone and there was a break out space off the corridor at the front of the centre where some residents were observed relaxing on comfortable seats. There was a spacious and bright dining room available which enjoyed views of the surrounding countryside. There was an internal smoking room available to residents who chose to smoke. There was open access to an internal courtyard which was accessible and contained flowers and seats for residents to enjoy the fresh air. Residents were observed using this space with the assistance and supervision of staff during the inspection. The centre was clean to a high standard with the exception of some worn furniture which could not be effectively cleaned. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene.

On arrival several residents were up in the day room enjoying one-to-one activities following Mass on the TV which many residents said was very important to them. Staff were observed assisting and attending to residents in a friendly and respectful manner throughout the day. Residents looked well cared for and had their hair and clothing done in accordance with their own preferences. Residents and visitors were highly complimentary of all of the staff in the centre. There was a group exercise class in the afternoon and staff were observed assisting and encouraging residents to enjoy a walk outside in the sunshine. Residents told the inspector they really enjoyed the bingo and would play it every day if they could. Other popular activities were baking and crafts. Residents who chose to remain in their bedrooms were offered one-to-one activities in accordance with their preferences and needs, for example, some residents stated they just wanted to have a chat or have their nails done.

Visiting indoors had resumed and was mostly facilitated in a dedicated room that had been converted to allow safe and private visits. The inspector spoke with one visitor who was grateful to be back seeing his friend and reported how well his friend looked. Visits were easy to book and staff were very helpful in guiding visitors with hand hygiene and face coverings. Visits were also facilitated in bedrooms if the resident was unwell.

Residents felt safe in the centre with one resident stating she now enjoyed great peace of mind since coming to live in the centre. All residents stated they would have no hesitation reporting or discussing any concern or comment they had with any member of staff. Residents enjoyed the companionship of staff and of other residents and particularly like living close to their local community. Residents were very happy to welcome visitors back into the centre and were more hopeful of continued relaxation of restrictions.

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

There were effective management systems in place to monitor the quality and safety of care resulting in mostly good standards of care for residents. The centre were responsive to the inspection process and were working hard to reach full compliance with the regulations.

Deerpark Nursing Home Limited, was the registered provider for Deerpark Nursing Home. The company had three directors, two of whom were involved in the daily operations of the centre. There was a clearly defined management structure and both staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time in the centre and was supported by a clinical nurse manager and a staff team of nursing, health care, household, catering, activity and maintenance staff. There were sufficient resources to provide care in line with the centre's statement of purpose. 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.

This was an unannounced risk inspection which was triggered by the receipt of unsolicited information regarding safeguarding of residents. The inspector followed up on this information and found no evidence to support the concern. The centre had good arrangements in place to safeguard residents including, appropriate training, induction, reporting processes and supervision of staff. The inspector acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 restrictions. To date the service had managed to prevent an outbreak in the centre.

There were sufficient staff available to meet the needs of residents. There was a nurse on duty over 24 hours and contingency arrangements were in place for COVID -19 should they have a suspected or positive case. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene. A comprehensive suite

of appropriate training was provided for all staff in the centre. Training had continued throughout the periods of restriction due to COVID-19, this was facilitated by on-line and remote learning where appropriate. There was good oversight of training requirements in the centre and an ongoing flexible schedule of training was in place.

The centre had good oversight of quality and safety and carried out routine audits on key aspects of the service, for example, incidents, skin care, infection control and activity provision. The findings of audits informed improvements in the centre and ensured ongoing high standards of care was provided. For example, the centre was found to be clean to a high standard throughout and areas for improvement had been identified by the management team with appropriate actions in place to mitigate these issues. The person in charge had recently implemented a person centred quality improvement questionnaire to further illicit the experience residents had in the centre. The feedback from this questionnaire was used to inform improvements in the centre and formed part of the routine quality and safety audits in the centre.

The centre were correctly submitting required notification to the Chief Inspector within the required time frames. Complaints were recorded and managed in line with the regulations. Feedback from residents and families was encouraged and used to inform ongoing quality improvements in the centre.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of residents. There was a nurse on duty at all times. The registered provider had recruited three registered general nurses since the last inspection which reduced the reliance on the person in charge for direct care duties.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. For example, all staff were up to date with required training in safeguarding, protecting and detection of vulnerable adults and infection prevention and control. Staff were appropriately supervised in line with their role.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources to provide services as described in the centre's statement of purpose. Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed on a quarterly basis, for example, falls, nutrition, quality of care and restrictive practices and these audits informed ongoing quality and safety improvements in the centre.

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 line with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure which was displayed in the centre and met the requirements of the regulations. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A review of the complaints log noted that there was one complaint received in 2021 and this was documented and investigated in line with the centre's policy. Residents told the inspector that they could raise concerns or complaints with any member of staff or management.

Judgment: Compliant

Quality and safety

Management and staff promoted and respected the rights and choices of resident's within the confines of the service. Overall there were good standards of care provided, however some improvements were required in care planning and restrictive practices. The centre also needed to review their recruitment processes to

ensure they were following their own policy regarding Garda vetting of staff.

Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments informed the residents care plans. More detailed guidance was required in care plans to ensure that all staff were guided to provide person-centred care in accordance with the residents' preferences and needs.

The use of restrictive practices in the centre was very high with 41% of residents using a bed rail. Safety checks were in place and carried out correctly and in line with the national guidance. The centre had engaged with a cohort of residents who chose to have bed rails up for their own individual reasons. Following this engagement, which was aimed at removing the bed rails, these residents continued to request the bed rail. The centre were undertaking to review the remaining bed rails with a view to reduce the use of restrictions and promote a restraint free environment.

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 which had been recently reviewed. In addition the centre were using the national safeguarding policy to guide staff on the management of allegations of abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre's procedures for Garda Vetting of staff prior to employment required review in order to ensure the continued safeguarding of vulnerable residents.

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

The centre continued to maintain infection prevention and control procedures to help prevent and manage an outbreak of COVID-19 and to date the centre had been successful in this. For example, daily symptom monitoring of residents and staff for COVID-19 continued and staff were continuing with routine screening. A successful vaccination programme was completed in the centre and there were arrangements for the vaccination of new residents and staff. Staff were observed to have good hand hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place and the centre was found to be clean to a high standard throughout. One high support chair had damaged/worn arm rests and therefore the chair could not be effectively cleaned. The provider had identified this and was in the process of addressing the risk.

Residents had access to radio and television. Residents meetings were held regularly

at the centre and records of these meetings indicated that they were well attended by residents. An activity coordinator facilitated both group and one-to-one activities for residents at the centre on a daily basis. The person in charge surveyed residents to seek their views on their quality of life at the centre. Findings from these surveys were viewed and the feedback was mostly positive. Residents had access to a secure garden that was well maintained with beautiful flowers and raised beds that could be accessed by residents.

Safe visiting arrangements were in place and in line with the national guidance. Relatives and friends who were visiting on the day of inspection told the inspector that they were delighted to be able to have face to face visits again.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had converted a staff room into a designated visiting area with a separate entrance and ramp access to facilitate visiting in line with social distancing guidelines for residents. The centre had a booking system for visiting in place and relatives and friends visiting at the centre had symptom and temperature checks and screening questions to determine their risk of exposure to COVID-19.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's risk management policy had been recently reviewed and contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and the vaccination programme for

COVID-19 had been completed.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Improvements were required to ensure that care plans clearly set out the current need and preference of the resident. For example, end of life care plans were not consistently guiding staff to provide care in line with the residents' assessed need or preference. This was particularly important for residents who could not express their own preference and who may become suddenly unwell.
Judgment: Substantially compliant
Regulation 7: Managing behaviour that is challenging
Restrictive practices required review. The use of bed rails was high, with 11 of 27 residents using bed rails on the day of inspection. This was not in line with the centre's policy or the national policy on promoting a restraint free environment. Risk assessments were completed for bed rails however less restrictive alternatives were not always trialled in line with the national guidance, and in some cases less restrictive options like half bed rails were not available.
Judgment: Substantially compliant
Regulation 8: Protection
Improvements were required to ensure the centre were following their own policy on vetting staff before offering employment. Two recently recruited staff members had commenced employment prior to the centre completing Garda Vetting. This is an important step in ensuring that vulnerable residents are cared for by suitable staff.
Judgment: Not compliant
Regulation 9: Residents' rights
Residents' rights and choice were promoted and respected in this centre. Activity

provision was returning to normal following long periods of social restriction due to COVID-19 and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Deerpark Nursing Home OSV-0000222

Inspection ID: MON-0033174

Date of inspection: 09/06/2021

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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Following the inspection and advice given re updating care plans in relation to end of life. We have undertaken a complete review off all these care plans. After discussion with residents and families to ensure their needs and preferences are recorded for all staff, we now have 75% completed. Going forward all care plans will be updated and reviewed 3 monthly or as required if residents condition changes.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: This was in relation to restrictive practices; i.e. bed rails At the time of inspection we had 11/27 resident’s using bed rails, both for safety and as enablers. We discussed with residents, who were able, the possibility off reducing the use of bedrails and carried out a trial for over a week which was documented by all staff. We successfully were able to reduce the bedrails down to 6/27, however after a few more nights one resident wanted bedrails back up again, so we now have 7/27 bedrails in use. We will continue to strive towards a restraint free environment.</p>	

Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Unfortunately, this was an error on our behalf. We will continue to ensure all staff are vetted before they commence employment.	

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/09/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	16/07/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Yellow	16/07/2021