Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Deerpark Nursing Home
Name of provider:	Deerpark Nursing Home Limited
Address of centre:	Deerpark Nursing Home, Lattin, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 February 2026
Centre ID:	OSV-0000222
Fieldwork ID:	MON-0049737

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

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 February 2026	09:25hrs to 17:55hrs	Sinead Corbett	Lead
Wednesday 25 February 2026	09:25hrs to 17:55hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This inspection was a one day unannounced inspection conducted by two inspectors to monitor compliance with the regulations and to follow up on the compliance plan from the previous inspection on 23 July, 2025. The registered provider had also applied to vary a condition of the centres' registration and this inspection followed up on the application. To gain insight into the residents' experiences in the centre inspectors spoke to residents, visitors, staff and spent time observing the environment and reviewing documentation.

Overall, based on the observations of inspectors and discussions with residents, the centre appeared to be a nice place to live. Inspectors spoke with the majority of residents and ten residents in more depth. Residents were generally complimentary about their lived experiences in the centre, providing positive feedback about the food, activities and the staff to inspectors. Residents said that the food was good and that they had a choice of what to eat. Furthermore, residents told inspectors that staff were 'very good' and in relation to staff one resident said 'where would we be without them'. Residents told inspectors that they felt safe in the centre. Residents were observed conversing with one another and with staff in the communal areas, with laughter heard during these interactions. Some residents could not verbally communicate their needs, they appeared comfortable and content. Staff were observed to interact in a kind manner with residents and were attentive to their needs, residents said that staff responded to their requests for assistance quickly. Inspectors observed that there was a relaxed atmosphere in the centre and many residents were going about their day in line with their own preferences, for example, choosing when they wished to get up, what activities they wanted to participate in, and the food that they ate.

Ten resident responses to a provider questionnaire completed in November 2025 were reviewed. Residents were surveyed about their experiences across a number of areas, including the quality of food, level of staffing, cleanliness of the centre, personal care attendance, choice, safety and privacy. Residents were largely positive in all their responses, with the exception of responses concerned with the level of staff on duty at night this is discussed further in the report.

Inspectors arrived to the centre in the morning and conducted a walk around of the premises followed by an introductory meeting with the person in charge and two senior managers. Deerpark Nursing Home is a purpose built single storey designated centre, situated near Tipperary town. Inspectors found that the centre was bright, warm and well ventilated. It was laid out and had sufficient communal spaces to meet the needs of the residents. The dining room had large windows allowing natural light into the room. Residents also had access to a large living room, a visitors room and a quiet room. The centre was build around a large internal courtyard, which was well maintained, with paved pathways, seating and artificial grass. Handrails on corridors and in bathrooms supported residents to mobilise as

independently as possible. Although the premises were generally well maintained, some wear and tear was noted, this is discussed further in the report. Closed Circuit Television (CCTV) was noted in communal areas and corridors in the centre, with signage alerting people to this displayed throughout.

Bedrooms were a mixture of single and twin rooms. They were clean and tidy and were personalised with resident's own belongings. Resident had ample storage space in their bedrooms for their own items and could request a locked safe if they wanted. Residents expressed satisfaction with the standard and size of their bedrooms.

The social activities timetable was displayed on a board in the living room, they included baking, bingo, music, exercises, art and crafts. The centre has employed staff specifically to facilitate a programme of activities. On the day of the inspection, inspectors were told that Roman Catholic Mass takes place in the centre once weekly. Inspectors observed a large number of residents attending mass in the living room on the day of inspection. The priest visited and chatted to the residents before and after the mass so it was seen as a social occasion. Residents said they looked forward to the activities and said that they could participate or not as they chose. Residents said that they participated in baking the previous day and enjoyed eating the cakes that they made, Inspectors saw residents enjoying a very lively music session in the afternoon of the inspection, there was a real party atmosphere with soft drinks and snacks served to all..

Visitors were seen to come and go throughout the day of inspection and visited residents in their bedrooms or in communal spaces. Visitors spoken to were very complimentary about the overall quality of care in the centre and the friendliness of the staff.

Residents were very complimentary about the quality of food served in the centre and said that they had a choice what they wished to eat. Inspectors were told that residents had their breakfast in their bedrooms. Each morning residents were offered a choice of two main meals for dinner and two choices for dessert. Residents also said they could chose something else if they did not wish to have what was on the menu. The food was home-cooked onsite. Inspectors observed the main meal at lunch time and saw that residents were served their lunch in the dining room or living room. One resident chose to eat their meal in their bedroom. Meals were seen to be well presented and appeared appetising and nutritious. The daily menu was displayed in the dining room. Residents who required assistance were attended to by staff in a relaxed and dignified manner. The dining room could accommodate twenty-three people at one sitting, but only twelve residents sat in the dining room for lunch. Tables were of different sizes and were laid with cutlery, condiments and centrepieces. Several residents, many of whom appeared to have mobility issues had their main meal in the living room, seated in their chairs. The inspectors spent time observing the residents in this area. For a large part of the day these residents were sitting in this room. Many of the residents using this sitting room were observed having their dinner, in armchairs, with a bed table in front of them. There was minimal space between residents and this did not facilitate choice for residents

to move and to have a more social dining experience this is discussed further in the report.

The centre provided an in-house laundry service to residents, there were no complaints about the laundry service or reports of items of clothing missing.

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

Overall, the local management team provided good oversight to ensure the effective delivery of a safe, appropriate and consistent service on a day-to-day basis. The centre appeared to be adequately resourced and there was a clearly defined management structure in place with clear lines of authority and accountability. Actions outlined in the compliance plan following the previous inspection in July 2025 were completed resulting in improvements in the area of infection control and residents rights. Notwithstanding these improvements and the good management systems in place, oversight of some areas did not adequately ensure that there was full compliance with some regulations, these are discussed further in the report.

Deerpark Nursing Nursing Home Limited is the registered provider of Deerpark Nursing Home. There are three company directors, two of whom are engaged in the day-to day oversight of the service. The person in charge works full time in the centre and was supported by a team consisting of a clinical nurse manager, registered nurses, health care assistants, kitchen staff, housekeeping staff, activities staff, and maintenance staff.

The staffing and skill mix on the day of inspection were appropriate to meet the care needs of residents. Inspectors were told that there was one nurse on duty and two care assistants from 2000-0800 each night. Inspectors reviewed documentation which identified two instances where residents expressed concern about the number of staff on night duty, also inspectors were told that some household tasks were completed by night staff. The management team had identified some shortfall and inspectors were told there is a plan in place to introduce a twilight shift to complete household duties, but there was not a plan in place to increase the staff available to the residents particularly in the early evening. This is further outlined under Regulation 15: Staffing.

There was an ongoing schedule of training in the centre across a broad range of topics, for example safeguarding, dementia care, fire safety and infection control. Inspectors were told by staff that all new staff were provided with induction at the commencement of their employment. A review of documents provided to inspectors

identified gaps in training compliance, this is discussed further under Regulation 16: Training and staff development.

There were good local governance systems in place to monitor the effectiveness of care delivered to residents and to identify areas for improvement. The person in charge conducted audits on an ongoing basis to monitor the quality of care across a number of areas, for example, infection control, protection from abuse, nutrition, use of restrictive practices, wound care and complaints. The information gathered was used to inform recommendations and actions to drive quality improvement. There was evidence that the audit results reflected what was noted by inspectors, for example an audit on staff training identified that there were gaps in training and the person-in charge had a plan to address this deficit. In addition, the person in charge had identified an issue with the temperature of the specimen fridge and had taken action to remedy the issue. The annual review for 2025 was not yet completed, however, the annual review for 2024 was reviewed and a quality improvement plan was developed with actions required, learnings and improvements recorded. A schedule of audits for 2026 was planned.

Records of meetings were reviewed and it was evident that there were good communication systems in place in the centre, with regular meetings held between staff, residents and management in the centre.

The inspector reviewed the records of complaints raised by residents and relatives and found they were managed within the requirements of the regulation. Residents spoken with were aware of how to make a complaint and whom to make a complaint to. The centre's complaints procedure and information on independent advocacy services was displayed in the centre.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary one of the centres registration conditions. The appropriate fees were paid and the necessary initial documentation had been submitted. The application reflected changes to condition one, the registered footprint of the centre and changes to the function of a smoking room to a store room.

Judgment: Compliant

Regulation 15: Staffing

The inspectors identified that the staffing levels at night required action.

- There was only one nurse and two care staff on duty from 20.00hrs. The nurse had to do a night medication round for 32 residents and should not be

disturbed whilst doing so to prevent errors. Nurses told the inspector that they were regularly called away from the medication round at night to assist residents. One of the care staff was required to supervise the day room leaving only one care staff to provide care in the early evening
- The inspectors were informed that care staff had to undertake cleaning duties at night which took them away from residents care and inspectors saw two incidences documented where resident spoke of a lack of staff at night.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While there was an ongoing schedule of training in place to ensure all staff had relevant and up to date training, a review of records identified that some staff had not completed training and others were not up to date with refresher training across all training courses, this is evidenced on training records reviewed by inspectors, for example:

- Six staff had not completed training on Adult Safeguarding. In addition, refresher training for two staff was out of date.
- Four staff had not completed training on Dementia Awareness, with two further staff not up to date on their refresher training.
- Four staff had not completed training on Fire Awareness and a further six staff had not completed refresher training on Fire Awareness within the previous two years, thirty-three staff had not completed refresher training on Fire Awareness within the previous year.
- Seven staff had not completed training on Infection Control, with a further five staff not up to date on refresher training.

In addition, training records reviewed by inspectors did not include all staff working in the centre, therefore inspectors could not establish training compliance for these staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

Governance and management systems in some areas did not provide sufficient oversight mechanisms, this is evidenced as follows

- There was a lack of oversight to monitor care planning, risk management, night time staffing levels, residents' rights and infection control, this is discussed further under the relevant regulations.

- There was a lack of oversight of staff training, gaps were seen as recorded on the staff training matrix, with no training recorded for some members of staff. In addition, the training matrix records reviewed by inspectors did not fully correlate with a list of staff names given to inspectors, meaning that not all staff names and details of their training were recorded on the training matrix.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of residents' contracts for the provision of service confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider ensured that the complaints procedure was accessible and displayed in the centre. A local complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. Inspectors reviewed a sample of complaints and found that they were managed in accordance with the centre's local policy and within the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents were supported to have a good quality of life in the centre. Staff and resident interactions were kind and respectful. Residents and visitors that spoke with inspectors were complimentary about the centre and care from the staff. Since the previous inspection, actions had been completed to address issues identified in infection control practices. Notwithstanding this, inspectors identified some deficits in the areas of care planning, infection prevention

and control, risk management and residents rights. These are discussed further under the relevant regulations.

Inspectors reviewed a sample of residents' care plans. Care plans were documented within 48 hours of a resident's admission to the centre. A wide range of validated assessment tools were utilised to identify risks of falls, pressure ulceration, and malnutrition. However, care plans were not sufficiently person-centred and detailed enough to direct the care of the resident. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example physiotherapy, tissue viability nurse specialist, community intervention teams, General Practitioner (GP) and mental health. Inspectors saw that residents had access to national vaccination programmes, such as influenza and Covid-19. A wide range of pressure relieving equipment such as mattresses and cushions were seen in use by residents to mitigate their risk of developing pressure ulceration.

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre. For example resident forum meetings were held in the centre and residents and their families were encouraged to complete questionnaires on the quality of care delivered in the centre. Staff were employed in the centre to facilitate a programme of structured daily activities; these included music, exercise, baking, and bingo. Roman Catholic Mass is held in the centre every week. Residents had access to newspapers, books, televisions, and radios. Inspectors were told by residents that they had choices how they wished to spend their day and meals they wished to eat. Residents' rights to privacy was not fully afforded, this is discussed further under Regulation 9: Residents rights.

A choice of home cooked meals, drinks and snacks were offered to all residents thoughout the day. Catering staff were aware of which residents required modified diets and drinks, this was communicated to them by the nursing staff. There was a relaxed atmosphere in the dining room for the main meal at lunch time, which was served very early at 12 noon, residents were seen to chat to each other and staff during the meal. However, many residents remained seated in their arm chairs in the living room for all of their meals and they did not have the same dining experience as the residents who sat in the dining room. This is discussed further under Regulation 9: Residents' rights.

A review of records showed that a range of audits relating to infection control were conducted in the centre since the last inspection, for example audits on antimicrobial stewardship, laundry management and hand-washing. A list of Multi-Drug Resistant Organisms (MDROs) was maintained by the person in charge, with the required precautions recorded. An analysis of antibiotic usage and analysis was completed in 2025. Staff in the centre had managed two outbreaks since the last inspection. Line listings for symptomatic residents were maintained and Public Health had been notified of the outbreak. On the day of inspection, the centre was warm and comfortable. Residents had a choice of communal spaces in the centre. Bedrooms met the size of the requirements under the regulations. Residents had adequate

space for personal items and access to lockable storage in their bedrooms. The internal and external areas of the premises appeared well maintained and residents had access to an internal courtyard. However, some areas require further attention to ensure that they do not pose a risk in terms of infection prevention and control. This is discussed further under Regulation 27: Infection control.

Staff that spoke with inspectors were knowledgeable of their role in protecting residents from abuse and in reporting concerns. Residents told inspectors that they felt safe in the centre. An audit completed in November 2025, found that all ten residents surveyed were positive in their responses about feeling safe. The provider did not act as a pension agent for any resident and where the provider held a small amount of money for a resident, there was a good system in place to record this and to facilitate access for the resident to their money. A review of records and discussion with the person in charge showed that safeguarding incidents and allegations had been investigated in a timely manner. The local safeguarding policy is not dated but it references the HSE (2014) 'Safeguarding Vulnerable Persons at Risk of Abuse- National Policy and Procedures'. Despite these good practices, there were findings that were not fully compliant with the regulations, these are discussed under Regulation 8: Protection.

Staff told inspectors that there was a schedule for cleaning rooms each day and a deep-cleaning schedule for each room at a minimum of each month, in addition all high contact points were cleaned at a minimum of twice daily. A elbow operated hand wash sink and a separate sink were seen in the cleaners' store. Actions were taken to improve infection control practices and minimise the risk of cross contamination since the last inspection, for example the layout of the sluice room was changed and a chemical press was removed, staff that spoke to inspectors said that they did not decant contents of bed pans and urinals prior to placing them in the bed pan washer, a specimen fridge had been installed in the centre and all wound management dressings were seen to be sealed, and two clinical handwash basins were in place on the corridor. Hand sanitiser gel and personal protective equipment (PPE), such as gloves and aprons were accessible on the corridors of the centre, close to the point of care. Staff told inspectors Staff had access to a resource folder with information on infection control and relevant infection, prevention and control training, however as discussed under Regulation 16: Training and staff development a review of the records identified that not all staff were up to date on training. Notwithstanding the good practices and improvements relating to infection control, some areas were identified that did not allow all practices to be fully aligned with the national standards. This is set out under Regulation 27: Infection control.

Inspectors followed up on safeguarding incidents that were notified since the previous inspection in November 2024 and found that these were investigated by the person in charge and oversight was provided by the centre's safeguarding committee who met to discuss the incident, actions taken, outcome and any learnings. However, one safeguarding incident was not managed in accordance with the centre's local safeguarding policy. This is discussed further under Regulation 8: Protection

Good systems of medication management were in place. Medicines were stored securely in the centre and returned to pharmacy when no longer required. The centre had access to a pharmacy service, that provided expertise to the centre in terms of medication management.

Regulation 18: Food and nutrition

Residents had access to nutritious meals, snacks and drinks throughout the day. There was an adequate number of staff available to support residents at meal times. Residents were supervised and assisted with meals where required to ensure their safety and nutritional needs were met. Residents were complimentary about the food, an audit of residents' views completed in November 2025 found that all ten residents surveyed were positive about the quality of food.

Judgment: Compliant

Regulation 26: Risk management

The centre has a written risk management policy, however, it did not set out all requirements according to Schedule 5 of the regulations as it omitted the measures and actions in place to control the risk of infectious diseases. In addition the date the policy was last reviewed was not recorded.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider met many of the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), there were some areas noted that did not fully align with these:

- The handwash sink in the treatment room is not a clinical hand wash sink, this may impact the effectiveness of hand hygiene.
- Two residents' wash basins were stacked together in the bathroom of a shared bedroom posing a risk of cross contamination.
- Some areas did not appear sufficiently clean, for example debris was noted in the drain outlet of the stainless steel sink in the sluice room.
- A sample of hand wash gels located in the sluice room and on the corridor were checked and had expired, thus reducing their efficiency in hand hygiene.

- Wear and tear to some areas in the centre may not allow for adequate cleaning, for example some lockers surfaces, chipped tiles on a bathroom wall, missing floor tiles in the sluice room, a crack in a sink in a shared bedroom.
- Inappropriate storage of items was seen to have the potential to impact infection control in some areas, for example wheeled arm chairs and bed tables prevented access to a clinical hand wash basin in the corridor, and several items stored in and around the bath the bathroom limited access for proper cleaning.
- Safety engineered devices were not in use for all sharps used in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed that medicines were administered in accordance with the prescriber's instructions.The controlled drug press was kept locked and only control drugs were stored there. Records showed that controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988. There was a current policy in place to guide the safe management of medications.The person in charge conduced spot checks to ensure all expired medication was removed from the general stock.There was an appropriate pharmacy service available to the centre and a safe system of medication administration in place. Policies were in place for the management of medications. A system was in place to ensure expired medications were removed from the general supply. Unused or expired medications were stored securely before return to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of six resident's care plans reviewed by the inspectors were generic and were not sufficiently detailed to direct care for the residents. The nursing staff were using the evaluation notes which were detailed to direct care, but were not updating the care plan with the changing needs of the residents therefore there was out of date information in the care plans and they were not being used by staff appropriately to direct residents care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services. Evidence based nursing care and medical care was delivered to the residents. Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulcers.

Judgment: Compliant

Regulation 8: Protection

While the registered provider had taken appropriate measures to protect residents from abuse, some deficits were noted as follows:

- One alleged safeguarding incident had not been managed according to the centre's own safeguarding policy as it was not notified to an external safeguarding team in accordance with the time line outlined in the policy.
- A review of information provided to inspectors did not assure inspectors that that Garda Siochana (Police) Vetting was in place for all staff; staff names listed on the training matrix did not correlate with a list of staff names that had completed Garda Siochana (Police) Vetting.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights to privacy were not fully upheld as evidenced by the following:

- CCTV was in place in all communal areas and corridors. The display screen was located in the manager's office and nurses office it displayed the CCTV images from all rooms, this did not provide residents with privacy in these rooms. Inspectors brought this to the attention of management on the day of the inspection, and clarified that while CCTV could be located in these rooms, the images should only be accessed in the event of an incident and should not be on display at all times. The display of CCTV images from communal areas was switched off on the day of inspection.
- Privacy curtains in shared bedrooms did not enclose bed spaces fully, this did not afford residents in these bedrooms adequate privacy at their bed space or when using the sink in the shared bedroom.
- The dining room experience was not the same for all residents. Many residents were served their meals in the day room where they were seated

very close together from bedtables which doesn't support a sociable dining experience for the resident. A large number of these residents remained seated in their arm chairs in the living room for the day without option for movement and change of scenery to attend a dining room

- meal times were observed to be served very early with lunch started by 12 noon and tea served at 4pm which is not choice of regular meal times.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Deerpark Nursing Home OSV-0000222

Inspection ID: MON-0049737

Date of inspection: 25/02/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Effective April 2026, we will enhance our night-time staffing model by introducing a dedicated twilight shift from 18:00 to 22:00. This strategic addition is designed to optimise clinical safety by establishing a protected medication round for the Night Nurse, minimising interruptions during critical administration periods. Furthermore, by delegating environmental cleaning and supplemental resident support to the twilight staff, our two Night HCAs will be enabled to focus exclusively on delivering high-quality, person-centred care during night shift. This restructuring aims to improve workflow efficiency, elevate hygiene standards, and ensure a calmer environment for our residents."	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Starting immediately, we are enhancing our educational framework to better support our team's professional growth. Staff will participate in more frequent, in-service-specific training sessions and are encouraged to utilize the Evolve platform for ongoing self-directed learning. Additionally, to ensure everyone is up-to-date with essential safety protocols, we will facilitate annual in-house training for Fire Safety and Safeguarding. Prioritizing these educational pathways ensures that our team remains confident, compliant, and capable of delivering superior resident care.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Effective April 2026, we will enhance our night-time staffing model by introducing a dedicated twilight shift from 18:00 to 22:00. This strategic addition is designed to optimise clinical safety by establishing a protected medication round for the Night Nurse, minimising interruptions during critical administration periods. Furthermore, by delegating environmental cleaning and supplemental resident support to the twilight staff, our two Night HCAs will be enabled to focus exclusively on delivering high-quality, person-centred care during night shift. This restructuring aims to improve workflow efficiency, elevate hygiene standards, and ensure a calmer environment for our residents."
• Starting immediately, we are enhancing our educational framework to better support our team's professional growth. Staff will participate in more frequent, in-service-specific training sessions and are encouraged to utilise the Evolve platform for ongoing self-directed learning. Additionally, to ensure everyone is up-to-date with essential safety protocols, we will facilitate annual in-house training for Fire Safety and Safeguarding. Prioritising these educational pathways ensures that our team remains confident, compliant, and capable of delivering superior resident care
• We have updated the Risk Management Policy to include comprehensive strategies for controlling infectious diseases. This addition centralises our safety protocols, ensuring that all staff follow a unified approach to identifying, managing, and reducing the spread of infections within the home
CCTV & Privacy (Immediate & Structural)
• Action Taken (Immediate): The live feed display of communal areas in the manager's and nurses' offices has been disabled.
• Systemic Change: CCTV monitors will be set to "Privacy Mode" or turned off by default. Access to footage will be restricted to authorised personnel (e.g., PIC /Management) only in the event of a specific incident or for investigative purposes.
• Policy Update: The facility's CCTV Policy has been revised to state that continuous live monitoring of communal areas is a breach of privacy and is strictly prohibited.
• Verification: Monthly audits of the nurses' station will be conducted to ensure monitors remain off/restricted.
Shared Bedroom Dignity (Environmental)
• Action: A full audit of all privacy curtains in shared bedrooms will be planned.
• Remediation: New curtain tracks or extended curtains will be ordered to ensure that the curtain fully encloses the bed space and the washbasin, allowing for private personal care.
• Staff Training: Staff will be re-trained on "Closing the Loop"—the mandatory practice of ensuring curtains are fully drawn and secured before any care intervention begins.
The Dining Experience & Social Inclusion
• Physical Relocation: All residents who are physically able (with or without mobility aids/assistance) will be supported to move to the dining room for all meals.
• We have implemented a dual-process approach that balances resident autonomy with professional oversight. A comprehensive resident survey was conducted to capture individual preferences and choices regarding mealtime locations; while some residents

expressed a clear desire to utilise the communal dining room, others formally indicated a preference to remain in their personal or day-room spaces. To ensure these preferences are honoured without compromising safety or well-being, a daily clinical judgment is exercised by the nursing and care teams

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
We have updated the Risk Management Policy to include comprehensive strategies for controlling infectious diseases. This addition centralises our safety protocols, ensuring that all staff follow a unified approach to identifying, managing, and reducing the spread of infections within the home."

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
INFRASTRUCTURE AND EQUIPMENT UPGRADE
1. Replacing the existing sink with dedicated clinical non-touch taps.
2. Will Repair /replace chipped bathroom tiles and missing sluice room flooring. Plan to replace the cracked sink in the shared bedroom to ensure surfaces are impermeable and washable.
3. Will Resurface/Replace lockers where the integrity of the material is compromised, preventing effective infection.
4. Three new lockers were brought this month (March 2026)

HYGIENE AND OPERATIONAL PRACTICE
1. Staff re-orientation will be provided for IPC and spot checks will be conducted to ensure basins are stored separately to prevent cross-contamination.
2. Will plan a deep cleaning of the sluice room and update the daily cleaning schedule to include specific checks for drain out.
3. Immediate disposal of expired stocks. Establish a monthly stock check audit in IPC to ensure all hand hygiene products are within their use-by dates

ENVIRONMENT AND SAFETY MANAGEMENT

1. Staff were advised not to block the ambulance area by keeping all equipment on the way. cleared the space in the equipment room to ensure adequate space is for storage.
2. Will Plan to review safety-engineered devices for sharp
MONITORING AND SUTENANCE
1. Audit schedule – Will initiate weekly "Environment walkabouts" for the next few months to ensure obstructions do not return and cleaning standards are maintained.
2. Refresh staff on the importance of sink accessibility and the risk of stacking basins.
3. Once the repairs are completed, the management team will verify that all surfaces are intact and meet clinical standards.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
INTEGRATED REVIEW PROCESS- We are reformulating our documentation framework, the same as our evaluation and will make sure all the information related to resident care is reflected in the framework and not in the evaluation.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Moving forward, we ensure that 100% of safeguarding concerns are communicated to the HSE Safeguarding Team in strict accordance with national policy and as per our own internal safeguarding policy.

Conducted a full reconciliation of the current staff roster against the National vetting Bureau disclosures on file. We have gone back through every single staff file to make sure the names on our roster actually match the vetting disclosures in the staff files. Moving forward, nobody gets put on the schedule unless their vetting is double-checked and signed off by Management first, which is already in practice.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. CCTV & Privacy (Immediate & Structural)
• Action Taken (Immediate): The live feed display of communal areas in the manager's and nurses' offices has been disabled.
• Systemic Change: CCTV monitors will be set to "Privacy Mode" or turned off by default. Access to footage will be restricted to authorised personnel (e.g., PIC /Management) only in the event of a specific incident or for investigative purposes.
• Policy Update: The facility's CCTV Policy has been revised to state that continuous live monitoring of communal areas is a breach of privacy and is strictly prohibited.
• Verification: Monthly audits of the nurses' station will be conducted to ensure monitors remain off/restricted.
2. Shared Bedroom Dignity (Environmental)
• Action: A full audit of all privacy curtains in shared bedrooms will be planned.
• Remediation: New curtain tracks or extended curtains will be ordered to ensure that the curtain fully encloses the bed space and the washbasin, allowing for private personal care.
• Staff Training: Staff will be re-trained on "Closing the Loop"—the mandatory practice of ensuring curtains are fully drawn and secured before any care intervention begins.
3. The Dining Experience & Social Inclusion
• Physical Relocation: All residents who are physically able (with or without mobility aids/assistance) will be supported to move to the dining room for all meals.
• We have implemented a dual-process approach that balances resident autonomy with professional oversight. A comprehensive resident survey was conducted to capture individual preferences and choices regarding mealtime locations; while some residents expressed a clear desire to utilise the communal dining room, others formally indicated a preference to remain in their personal or day-room spaces. To ensure these preferences are honoured without compromising safety or well-being, a daily clinical judgment is exercised by the nursing and care teams. .

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2026

Regulation 26(1)(c)(vi)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control infectious diseases.	Substantially Compliant	Yellow	30/03/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/06/2026
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	31/05/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/04/2026
Regulation 8(2)	The measures referred to in	Substantially Compliant	Yellow	30/03/2026

	paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/03/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2026