

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Deerpark Nursing Home
Centre ID:	ORG-0000222
Centre address:	Deerpark, Lattin, Tipperary.
Telephone number:	062 55 121
Email address:	deermairead@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Deerpark Nursing Home Limited
Provider Nominee:	Mairead Perry
Person in charge:	Helen Stone
Lead inspector:	Mary Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 December 2013 10:00 To: 03 December 2013 20:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a monitoring inspection, in which 13 of the 18 outcomes were inspected. An action was issued in relation to Outcome 16 but the outcome was not fully inspected. The inspection was unannounced and was the fourth inspection of the centre by the Authority. As part of the monitoring inspection the inspector met with residents and staff members including the registered provider and the person in charge. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, the fire safety register, policies and procedures and staff files.

Over the course of inspections both the provider and the person in charge have demonstrated incremental improvement, their commitment to regulatory compliance and the provision of safe quality care and services to residents. The findings of the last inspection of 27 November 2012 were satisfactory and while an action plan was issued the majority of the actions were required to enhance regulatory compliance and the good practice that was evidenced. However, a significant poor finding was the failure to facilitate each resident with fair access to timely and appropriate

medical review in line with their needs, a finding that was confirmed by the provider and the person in charge and a situation that was described by them as difficult and challenging.

Overall, based on the outcomes inspected, these inspection findings were good with a substantial level of compliance found. The significant issues from the last inspection had been satisfactorily addressed and the inspector was satisfied that residents were in receipt of a good standard of care and service that had a sound evidence-base. The person in charge had a robust system in place for the ongoing review of the quality and safety of care and services to residents. The provider was present in the centre on a full-time basis and was actively involved in the organisation and administration of the centre. All staff spoken with were fully informed of each resident's holistic care requirements. The feedback received from residents was positive and many of them were looking forward to the Christmas party. The inspector saw that staff had invested tremendous effort in decorating the centre for the festive season.

The inspector was satisfied that the centre was substantially compliant in eight outcomes and minor non-compliances were found in three. The centre was in moderate non-compliance in two outcomes:

- contracts for the provision of care and services
- fire precautions and procedures.

There was outstanding non-compliance in relation to the design and layout of the premises.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector reviewed a random sample of residents' records (four) and found that:

- an agreed written contract was not in place for two of the four residents
- monies received from state support schemes and the residual fee for which the resident was liable were not stated
- the fees for services provided but not included in the basic fee were not stated.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had worked in the centre since October 2009. She was suitably qualified and experienced and evidence of her current registration with her regulatory body was in place. Based on these inspection findings, her observations, records reviewed and her interaction with the person in charge throughout the inspection process, the inspector was satisfied with the following. That the person in charge was

fully informed of each resident's holistic requirements; demonstrated sound evidence-based nursing knowledge and exercised her role, her professional and her regulatory responsibilities to a high standard.

The person in charge worked full-time and was present in the centre on average four to five days per week. She continued to engage in ongoing professional development and in 2013 completed further education and training in infection prevention and control, undertaking clinical audit, medication management and the protection of vulnerable residents. Systems were in place for the transmission of learning gained for staff. The inspector saw that the person in charge was visible and accessible to residents, was known to them as "Helen" and actively participated in the planning and delivery of their care as part of the daily care team.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The nominated key senior manager is the registered provider. The inspector was satisfied that a supportive working arrangement for the governance of the centre was operated by the provider and the person in charge and the roster demonstrated that both or one was normally present in the centre in the absence of the other. The person in charge confirmed that she had not been absent from the centre for any period of time that required notification to the Authority.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider and person in charge confirmed that there was no active reported, suspected or alleged incident of abuse in the centre. The inspector was satisfied that there were policies and procedures in place for the protection of residents. The provider and person in charge were present and actively engaged in the operation of the centre daily. There was evidence of good recruitment practices and a good level of visitor activity. There was a comprehensive policy in place for the prevention, detection and management of any protection issues. All staff had recently attended annual refresher training (October 2013) and one staff member had also completed in October 2013 a "Train the Trainer" programme specific to protection. Staff spoken with confirmed their attendance at training, were clear on their responsibilities, the requirement for ongoing "vigilance" and their confidence in the person in charge to take appropriate action if and when required.

The inspector saw that there was an easy rapport between staff and residents but also that residents were comfortable in asserting themselves and bringing any issues of concern to the person in charge. This is discussed again in Outcome 13.

The provider maintained and made available for inspection electronic and manual records of all financial transactions with residents or persons nominated to manage their affairs. Records were also in place and available for inspection of the charges to residents including any extra amounts payable for additional services not covered by these charges and the amounts paid to the provider by or in respect of each resident.

The inspector spoke informally with residents throughout the inspection and the feedback received from them was positive.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

A centre-specific health and safety statement was in place signed as implemented by the provider in March 2011. Measures were in place in relation to food safety. Catering services were seen to be visibly clean and adequately equipped and organised. The

service was monitored by the relevant Environmental Health Officer (EHO) and a recent inspection report (7 November 2013) reported satisfactory findings.

A risk register was in place that identified and assessed risks for all areas of work and work practices. The specific risks as identified in the regulations and the measures in place to control those risks were included in the risk register. There were good systems in place for the assessment and ongoing review of clinical risks such as falls and the use of restraint.

A record was maintained of all accidents and incidents in the centre. The records seen satisfied the requirements of Schedule 3. Each incident was reviewed individually and collectively on a monthly basis with evidence of corrective actions to prevent a re-occurrence. For example, the use of hip protectors, enhanced staff supervision and referral to other services such as speech and language therapy.

Circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails.

Documentation seen indicated that hoists required for moving techniques in resident care were serviced in line with legislative requirements and most recently in July 2013. Care plans contained a current manual handling assessment and plan that referenced the specific equipment required for resident and staff safety. The inspector observed no deviations from the plan and found no evidence to support deviation.

A six-monthly preventative maintenance contract was in place for equipment necessary for residents care and comfort.

The inspector saw that staff had good access to personal protective equipment and utilised same appropriately. The person in charge had undertaken recent further education on infection prevention and control, had transferred knowledge gained to all staff and had undertaken an infection control audit in November 2013. The audit was robust and included observation of staff infection prevention and control practice including hand hygiene technique. However, given the constraints of the premises the inspector saw that while the environmental hygiene trolley was not stored in the sluice room on the day of inspection, the sluice room was still used by environmental hygiene staff.

The bedpan-washer was operational on the day of inspection and records were in place indicating that a preventative maintenance contract was in place.

The person in charge confirmed that three residents consumed tobacco. A policy was in place and while it did not reference the requirement for risk assessment, in practice the person in charge had individually risk assessed each resident's capacity to smoke safely. The inspector saw that where controls were required such as a fire retardant apron and staff supervision that these were implemented in practice.

While no immediate risk was identified, based on her observations, records reviewed and staff spoken with, the inspector was not satisfied that fire precautions and procedures were sufficiently robust and satisfied regulatory and legislative requirements.

- the inspector found that it was difficult to retrieve the required fire records from the fire register
- while fire fighting equipment was labelled as serviced in March 2013 there was no certificate in place to this effect
- there was no recent annual inspection certificate for the emergency lighting
- quarterly inspection certificates for the fire detection system were in place but there was no recent annual certificate
- there was no fire/smoke/heat detector in the designated smoking room
- fire escape doors were electronically controlled but one was found unsecured. Staff reported that a resident was able to utilise the break glass unit and the doors were not alarmed
- there were insufficient fire action notices displayed
- an emergency evacuation file consisting of resident profiles was maintained and assistive evacuation devices were in place. The records however were not updated and were inaccurate
- staff completed weekly and monthly checks of fire precautions. The last recorded date however was three weeks previously on the 12 November 2013
- staff attendance at fire training was not recorded in the staff training matrix and the record in the fire register was dated March 2012 for 24 staff
- on a monthly basis staff undertook unannounced evacuation drills. However, the inspector found that further instruction and clarity in staff knowledge was required in relation to progressive horizontal evacuation and the use of fire fighting equipment.

In addition to the implementation of this action plan from the Authority the benefit of undertaking an audit of all fire precautions and procedures with a competent person was discussed with the provider.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that nursing staff demonstrated competence in medication management practice and that action had been taken to address the deficit identified at the last inspection in relation to the review of residents' medication regimes. Practice was governed by a comprehensive medication management policy that included the practice of transcribing and the management of pro-re-nata (PRN) medications

(medication that is not scheduled or required on a regular basis). Each resident's prescription sheet and medication administration record demonstrated practice that was in substantial compliance with current regulations, regulatory body guidance and legislative requirements. The person in charge audited medication management practices on a quarterly basis and the positive audit findings would concur with the inspection findings.

Overall the management of controlled drugs on a daily basis was in line with regulatory body guidance but a stock balance check was not completed at change of shift at 2:00pm. This was a weekend only shift. The person in charge committed to rectify this with immediate effect.

The centre implemented measures to monitor the safety of medication at each stage of the medication management cycle and there was evidence that errors not directly attributable to practice within the centre were detected and managed. This was discussed with the provider and person in charge in relation to any further action that may be required by them in relation to each stakeholder's accountability and resident safety.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed accident and incident records in the centre and was satisfied that the person in charge had been diligent and transparent in the submission of required notifications to the Authority as set out in Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The information submitted with each notification also facilitated their effective review by the inspector on their submission.

The management of accidents and incidents is also discussed in Outcome 7.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had an audit schedule and completed on a monthly or quarterly basis audits pertinent to the quality and safety of the design and delivery of care and services to residents. Since the last inspection the person in charge had completed simple but constructive audits on areas such as nutrition, the use of restraint, medication management, wound management, infection prevention and control, falls, complaints management, residents quality of life and staff training requirements. The inspector reviewed a sample of completed audits (five) and saw that the audit format had benefitted from recent education completed by the person in charge on clinical audit, in that each audit had a clearly defined goal, robust methodology and action plan. The audit tool was also resident and centre-specific. There was evidence of learning and change effected through the completion of the audits such as enhanced consistency in wound management and falls prevention practice.

The inspector saw and heard staff engage and consult with residents in relation to their routines and preferences such as medication requirements, activity participation, meal preferences or requests for assistance in their activities of daily living. However, in 2013 the system for review of the quality and safety of care and quality of life had not included formal consultation with residents and/or their representative as appropriate.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the time of inspection there were 29 residents living in the centre on a long term basis. Staff had assessed residents as dependent in their activities of daily living as three low, four medium, thirteen high and nine maximum. The inspector observed staff in the delivery of care to residents, interacted with staff and reviewed records including medical records, nursing records, correspondence from other healthcare facilities and clinical audits. The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare.

Each resident's assessed needs and plans of care were set out in an electronic format care plan. Based on a random sample of care plans (five) reviewed the inspector was satisfied that the care plan reflected the resident's assessed needs, assessment was supported by a suite of evidenced-based assessment tools and plans of care to meet needs were appropriate and adequate. Assessments and care plans were reviewed three-monthly or more frequently as required. A daily nursing record of each resident's health, condition and treatment given was maintained, the records seen were comprehensive and informative. Each resident's vital signs were recorded at least weekly with action taken in response to any variations. There was evidence of blood profiling and point-of-care testing (glucometer) and the administration of influenza vaccination.

However, evidence to support that each care plan was developed and reviewed in consultation with each resident while in place was not current.

The provider and person in charge confirmed that the failure to provide timely and appropriate access to medical review and treatment as evidenced at the last inspection had been satisfactorily addressed. This was supported by the medical records seen by the inspector. The person in charge also monitored and maintained a record of medical reviews and this indicated that all residents were in receipt of recent medical review by the responsible General Practitioner (GP). As appropriate to each resident's specific needs there was documentary evidence of very good access to other health professionals including speech and language therapy, dietetics, tissue viability, diabetic services, psychiatry of old age, optical review, dental review and chiropody. Physiotherapy was provided on-site twice weekly on an individual and group basis. Referral and discharge records and records of the information provided when a resident was temporarily transferred or discharged from the centre were maintained.

The person in charge had implemented and monitored the implementation by staff of national best practice guidelines on wound prevention and management. Care reviewed was evidence-based with preventative equipment, risk assessments, wound assessments, care plans, progress notes and dated photographic evidence in place.

The use of physical restraint was minimal and consisted solely of the use of bedrails, was risk assessed and monitored on a quarterly basis by the person in charge.

The person in charge was satisfied that measures had been taken to address the limitations in falls prevention identified at the time of the last inspection and she

monitored the reassessment of falls risk and the updating of the falls prevention care plan by staff after each fall. Falls were reviewed individually and each quarter to identify any possible antecedents and there was evidence of the integration of individualised preventative actions into care plans such as falls alert stickers, movement alarm mats, hip protectors and enhanced supervision.

The inspector was satisfied that all staff spoken with were familiar with each resident's needs and care plan and no deficits were identified between planned and delivered care.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome was not specifically inspected but the inspector observed that the non-compliances from previous inspections had not been resolved. The provider outlined her ongoing commitment to the development and expansion of the centre, had experienced some barriers to their commencement but reassured the inspector that all efforts would be made to realise the plans.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The complaints procedure was displayed but not prominently; this was rectified during the inspection.

The inspector reviewed the complaints log and was satisfied that the centre was open to receiving complaints and dealt with any concerns raised with respect for the rights and preferences of each complainant.

Eight complaints were recorded from May 2012 to November 2013 all from residents. The issues complained of were pertinent and significant to each resident but not concerning in their nature. The records seen indicated that residents felt comfortable and secure in bringing their concerns to the attention of staff, that they were clear in their expectations, were listened to, that action was taken to resolve the matters complained of and that the resident's satisfaction with these actions and outcomes was established.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre had up-to-date evidence-based policies on food and nutrition. This was an unannounced inspection and the inspector saw that a good supply and variety of fresh, frozen and dry foodstuffs was in stock and that meals were freshly prepared each day by catering staff. A record was maintained of each resident's likes and dislikes and the inspector saw that choice was offered at each main meal. The quality and presentation of the meals provided was attractive and appetising and the inspector saw that residents enjoyed their meals and told the inspector that it was "nice every day". During the inspection the inspector saw that a variety of fluids and snacks were readily available to residents. There was an adequate staff presence to ensure appropriate assistance and supervision and both were facilitated in a discreet and respectful manner.

Appropriate measures were in place to support residents with specific nutritional requirements. At the time of inspection 20% of residents required a diet conducive to good diabetic control and 23% of residents required diet of a modified consistency. There was evidence to support appropriate referral and access to speech and language and dietetic services; integration of required interventions into the nursing plan of care

and formal communication of these interventions such as swallow care plans to all staff. The inspector found staff spoken with to be clear and knowledgeable as to resident's plans of care. Residents were weighed at a minimum monthly, the Malnutrition Universal Screening Tool (MUST) was utilised and both were audited monthly by the person in charge with evidence of action taken in response to any findings of concern. At the time of inspection approximately 82% of residents nutritional indicators were within normal ranges.

The only challenge posed to the quality and social dimension of meals was the lack of adequate dining space. An extra table was required in the main communal room and many residents took their meals with the assistance of bed tables.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This Outcome was not fully inspected but the provider was requested to review and amend the current CCTV coverage in both the dining and communal areas. Close circuit television cameras (CCTV) were in place and there was a policy governing its use for reasons of security. Monitors were in the administration and nursing offices. Signs were in place but cameras were located in both the dining room and the main communal room. The National Quality Standards for Residential Care Settings for Older People in Ireland request that CCTV where used does not intrude on the privacy of the resident. Further clarity and guidance recently issued from a data protection perspective particularly in relation to designated centres and residents and visitors reasonable expectation of privacy in communal and dining rooms. The provider was advised that a camera focussed on an exit may be reasonable and proportionate but unfortunately the exiting cameras also covered floor space and recorded resident, visitor and staff activity.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a planned and actual staff rota maintained. Based on these inspection findings, her observations and a review of the staff rota, the inspector was satisfied that while staff were kept fully occupied, the staffing levels and skill mix were adequate to meet the assessed needs of the residents. There was a nurse on duty at all times and all persons working in the centre including persons participating in management were included on the rota. Support services such as maintenance, catering and environmental hygiene were adequately resourced.

A total of nine registered nurses were employed and there was evidence of their current registration with their regulatory body.

The inspector reviewed a random sample of staff files (four) and found that three were in substantial compliance with regulatory requirements. However, one file contained only two references.

The provider had implemented a reference template specific to the centre but there was also evidence to support that testimonial references were authenticated by the provider. The provider had also addressed the submission by employees of appropriate evidence of mental and physical fitness.

A record of staff training completed by each staff member was maintained and the record indicated that there was ongoing commitment to the facilitation of staff learning and development. The record indicated that completed staff training included mandatory requirements but also topics such as medication management, wound prevention and management, venepuncture, basic life support and the promotion and management of continence. In October 2013 the provider and the person in charge had co-ordinated a full two day off-site mandatory education/training programme for all staff that covered core topics such as infection prevention and control, nutrition, the protection of vulnerable adults and manual handling updates. The only deficit identified was in relation to training on fire prevention and management and this is discussed in Outcome 7.

The person in charge and the provider were actively involved on a daily basis in the supervision of staff and the delivery of care and services. Supervision was also evident in the system of review with involved consultation with and observation of staff and in the staff appraisals completed by the person in charge.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Mary Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Deerpark Nursing Home
Centre ID:	ORG-0000222
Date of inspection:	03/12/2013
Date of response:	23/12/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Based on a random sample of resident records (four) the inspector found that an agreed written contract was not in place for two of the four residents.

Action Required:

Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

Please state the actions you have taken or are planning to take:

New contracts have been compiled and will commence Jan 2014. Hope to have these completed by June 2014.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 01/01/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Monies received from state support schemes and the residual fee for which the resident was liable were not stated: the fees for services provided but not included in the basic fee were not stated.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:

The new contract now reflects this information.

Proposed Timescale: 01/01/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no fire/smoke/heat detector in the designated smoking room.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

Heat detector now implemented into smoking room. Extinguisher and fire blanket outside the smoking room door.

Proposed Timescale: 23/12/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were insufficient fire action notices displayed.

Action Required:

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

Please state the actions you have taken or are planning to take:

New signage has been implemented in all exits doors, zoned areas and other walls for information. See attached photo.

Proposed Timescale: 23/12/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff attendance at fire training was not recorded in the staff training matrix and the record in the fire register was dated March 2012 for 24 staff. On a monthly basis staff undertook unannounced evacuation drills. However, the inspector found that further instruction and clarity in staff knowledge was required in relation to progressive horizontal evacuation and the use of fire fighting equipment.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

Please state the actions you have taken or are planning to take:

Staff training matrix now shows clearly up to date training for 2013.

Proposed Timescale: 23/12/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While fire fighting equipment was labelled as serviced in March 2013 there was no certificate in place to this effect.

There was no recent annual inspection certificate for the emergency lighting.

Quarterly inspection certificates for the fire detection system were in place but there was no recent annual certificate.

Fire escape doors were electronically controlled but one was found unsecured. Staff reported that a resident was able to utilise the break glass unit and the doors were not alarmed.

Action Required:

Under Regulation 32 (1) (c) (iv) you are required to: Make adequate arrangements for the maintenance of all fire equipment.

Please state the actions you have taken or are planning to take:

- Certificate Located. File has now be revamped and organised as requested

- Electrician aware of requirement and we are awaiting cert.
- Annual inspection now completed and in folder 17/12/13
- Exit do now alarmed for security.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An emergency evacuation file consisting of resident profiles was maintained and assistive evacuation devices were in place. The records however were not updated and were inaccurate.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Please state the actions you have taken or are planning to take:

From Jan 2014 monthly staff training fire evacuation and procedure will now have more clarity and will include horizontal evacuation. All evacuation folders checked and are up to date.

Proposed Timescale: 23/12/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector found that it was difficult to retrieve the required fire records from the fire register. Staff completed weekly and monthly checks of fire precautions on a weekly and monthly basis. The last recorded date however was three weeks previously on the 12 November 2013.

Action Required:

Under Regulation 32 (2) (a) you are required to: Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

Please state the actions you have taken or are planning to take:

Fire Register has been revamped and reorganised into a lever arch file, for ease of access. Maintained in nurses station.

Proposed Timescale: 23/12/2013

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

In 2013 the system for review of the quality and safety of care and quality of life had not included formal consultation with residents and/or their representative as appropriate.

Action Required:

Under Regulation 35 (3) you are required to: Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

Please state the actions you have taken or are planning to take:

Customer satisfaction survey have been posted to all relatives, to be audited on return. Also the quality of life audit topics will be now varied throughout the year.

Proposed Timescale: 31/03/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Evidence to support that each care plan was developed and reviewed in consultation with each resident while in place was not current.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

Please state the actions you have taken or are planning to take:

Care plan discussion undertaken in December, all completed and audited To be continued 3 monthly as requested.

Proposed Timescale: 23/12/2013

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The existing dining room was not sufficient to accommodate the needs of the number

of residents accommodated.

Action Required:

Under Regulation 19 (3) (g) part 4 you are required to: Provide adequate dining space separate to the residents private accommodation.

Please state the actions you have taken or are planning to take:

Renewed plans for extension almost completed, and will include adequate dining space for residents.

Proposed Timescale: 31/03/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There is inadequate provision made for the safe storage of equipment in the centre.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:

Renewed plans for extension almost completed, and will include adequate storage space.

Proposed Timescale: 31/03/2015

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Given the constraints of the premises there is no dedicated cleaning room and the inspector saw that while the environmental hygiene trolley was not stored in the sluice room on the day of inspection, the sluice room was still used by environmental hygiene staff.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Please state the actions you have taken or are planning to take:

Renewed plans for extension almost completed, and will include adequate area for environmental hygiene trolley.

Proposed Timescale: 31/03/2015

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The existing CCTV system not only monitored exits but also covered floor space and recorded resident, visitor and staff activity in the main communal room and the dining room.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Please state the actions you have taken or are planning to take:

Cameras in all living areas have now been removed as requested.

Proposed Timescale: 23/12/2013

Outcome 18: Suitable Staffing

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

One staff file reviewed contained only two references.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:

The third reference has now been obtained for the file reviewed. Checklist now in place for all staff.

Proposed Timescale: 23/12/2013