

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Deerpark House
Centre ID:	OSV-0000221
Centre address:	Seafield, Bantry, Cork.
Telephone number:	027 52 711
Email address:	info@deerparkhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	D & P Murphy, trading as Deerpark House
Provider Nominee:	Patricia Kelleher
Lead inspector:	Geraldine Ryan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	6

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 judgments 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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 July 2014 07:20 To: 08 July 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was the fifth inspection carried out by the Authority, the most recent being a monitoring inspection on the 31 July 2013. The inspector noted that the three actions generated from that inspection were completed in a satisfactory manner.

The purpose of this inspection was to inform an registration renewal application made by the provider and to follow up on the provider's application for a change of entity.

The inspection was announced and took place over one day. As part of the inspection the inspector met with residents, a relative and staff members. A small

number of relatives completed questionnaires prior to the inspection and the feedback was very positive in all aspects of the service provided. The inspector observed practices and reviewed documentation such as the statement of purpose, residents' contracts of care, care plans, medical records, food and nutrition, accident logs, complaints log, records of residents' finances, policies and procedures, staff meetings, the directory of residents, residents' meetings, audits and staff files.

The action plan at the end of this report identifies where some improvements are required to meet the requirements of 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.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had a statement of purpose (SoP) that accurately described the service that was provided. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013.

The SoP consisted of a statement of the aims, objectives and ethos of the centre and provided a clear and accurate reflection of the facilities and services provided.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day of inspection there was evidence of sufficient resources to ensure the effective delivery of care in accordance with the SoP. Management systems were in place to ensure that the services provided were safe, appropriate to residents' needs, consistent and effectively monitored.

There was a clearly defined management structure that identified the lines of authority and accountability. The company comprised two directors; the provider/PIC and another director. The provider was also the person in charge and was on duty on the day of inspection. The second director was on site on the morning of the inspection.

The key senior manager (KSM), the home manager and care staff manager reported to the provider/PIC. The second director was responsible for the overall maintenance of the centre. Staff were aware of the management structure and the reporting mechanisms.

The quality of care and experience of the residents were monitored and developed on an ongoing basis. The centre had an audit system, benchmarked against the Standards, in place to review and monitor the quality and safety of care and the quality of life of the residents. There was verification of improvements brought about as a result of the learning from monitoring reviews. There was evidence of consultation with residents and their representatives. Minutes of residents' council meetings reviewed indicated that meetings were convened on a regular basis. These were chaired by the in-house residents' advocate. Furthermore, the advocate met with the residents individually and records reviewed reflected that any issue a resident may have was recorded and addressed.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A sample of resident's contracts of care were reviewed and it was evident that the residents had a written contract agreed on admission. The sample of contracts reviewed set out the services provided and the details of all fees being charged to the resident. Each resident's contract dealt with the care and welfare of the resident. The provider/PIC was waiting on the return of two residents' contracts.

A guide complete with information in respect of the centre, was available to residents.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had been no change to the provider/PIC. The provider/PIC was full time and had the minimum of three years experience in the area of nursing of the older person within the previous six years. The provider/PIC demonstrated her clinical knowledge and knowledge of the legislation and her statutory responsibilities. She was engaged in the governance, operational management of the centre on a regular basis.

There were appropriate deputising arrangements in place for the provider/PIC. Residents and staff were familiar with the provider/PIC.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3, 4 and 5 of the Health Act 2007 (Care and Welfare of Residents in designated centres for Older People) Regulations 2013 were maintained and in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was adequately ensured against accidents or injury to residents, staff or visitors.

Records (hard and soft copy) were maintained in the centre and records reviewed were accurate and up-to-date.

All records reviewed were kept secure but easily retrievable. Residents, to whom records referred, were able to access them.

While the centre had centre-specific policies which reflected practice and there was evidence that staff were knowledgeable in regard to the policies and procedures, records of staff checking the hoists prior to use were not maintained. This practice did not concur with guidance for staff on the use of manual handling equipment as noted on the risk register appended to the risk management policy.

There was evidence that the policies, procedures and practices were regularly reviewed to ensure the changing needs of the residents were met.

Judgment:

Non Compliant - Minor

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had been no requirement for the provider/PIC to inform the Authority of a proposed absence of the PIC from the centre and suitable arrangements were in place to address this situation should the need arise. The KSM was the identified person to take on the role of the acting PIC and was a suitably qualified person with commensurate experience.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre had a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff training records reviewed indicated that all staff had attended training. Staff spoken to knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incident to. It was evident that processes were in place to monitor systems in place to protect residents and that there were no barriers to residents or staff disclosing abuse.</p> <p>The centre had policies on residents' finances and personal property. A review of a sample of residents' finances indicated that robust systems were in place to safeguard residents' money.</p> <p>The centre had a policy on, and procedures in place for managing behaviours that challenge. This was reflected in the care plans of residents who exhibited a behaviour that may be challenging. Training had been provided to staff on how to manage behaviour that is challenging.</p> <p>The centre's policy on the use of restraint gave clear guidance to staff on its' use. Staff had received training of the use of restraint. Records reviewed evidenced close monitoring of residents who availed of bedrails. Documentation reviewed included consents for the use of bedrails, signed by the multidisciplinary team which included the residents' general practitioner (GP).</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 08: Health and Safety and Risk Management</i> <i>The health and safety of residents, visitors and staff is promoted and protected.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre had an up to date health and safety statement.</p> <p>The centre had a risk management policy and a risk register. The policy was inclusive of the specified risks set out in Regulation 26 (1). A plan was in place for responding to</p>

major incidents or causes of serious disruption to essential services or damage to property. A safe placement for residents in the event of an evacuation was identified.

Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections. Staff spoken to were very knowledgeable on the prevention of infection.

Arrangements were in place for investigation and learning from incidents and adverse events involving residents. The centre had an incident log book and an accident log book and on review it was evident that notifications forwarded to the Authority concurred with information recorded in the accident book. There was evidence that measures were in place to prevent accidents in the centre and grounds.

The staff training matrix evidenced that all staff had attended training in moving and handling of residents. It was evident that an external contractor reviewed the hoists bi-annually.

All fire exits were noted to be unobstructed. Records reviewed indicated that the fire alarm was serviced on a quarterly basis and fire safety equipment on an annual basis. Procedures for the safe evacuation of residents and staff in the event of fire were prominently displayed throughout the centre. Training for staff on fire prevention was ongoing and records reviewed evidenced this.

Prior to the inspection, the provider had forwarded to the Authority written confirmation from a competent person that all the requirements of the statutory fire authority were complied with.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The actions required from the previous inspection were satisfactorily implemented. The centre had comprehensive policies and procedures on medication management in line with guidance issued by An Bord Altranais agus Cnáimhseachais na hEireann.

The centre operated a pre-packed blister pack method of administering medication, supplied by an external pharmacy supplier.

The processes in place for the handling of medicines including controlled drugs, were safe and in accordance with current guidelines and legislation. A spot check evidenced that the total of controlled drugs in the secure press corresponded with the documented balanced checked at staff handover and the total documented in the controlled drugs recording book.

The centre had measures in place for the recording, storing and disposal of out of date medication.

The method of recording and transcription of medication engaged in by nursing staff concurred with the centre's policy and with profession guidelines issued An Bord Altranais agus Cnáimhseachais.

Regular auditing of medication management was carried out in-house and by the external pharmacy supplier. Samples of medication prescriptions and medication administration documentation were reviewed and all documentation contained appropriate and up to date information.

Judgment:
Compliant

Outcome 10: 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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained and, where required, notified to the Chief Inspector. Notifications and quarterly reports were forwarded to the Authority, and were within the appropriate timeframe.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Residents' health care needs were met through timely access to medical treatment. Residents had access to allied health care services which reflected their diverse care needs. There was evidence that the care delivered encouraged the prevention and early detection of ill health.

The assessment, care planning processes and clinical care accorded with evidenced based practice. Each resident had been assessed immediately before or on admission to identify his/her care requirements and choices. There was evidence that residents were involved in the assessment and care planning process. A sample of computerised care plans reviewed reflected that care was delivered to the resident according to the care plan. It was evident on the day of inspection that treatments or care was given to residents with their consent. The care and treatment of the residents reflected the nature and extent of the residents' dependencies.

It was evident that the clinical care of residents with co-complex medical needs was based on evidence based practice. Residents with wounds, a history of falls, diabetics, a weight loss, an episode of challenging behaviour or residents with specialist palliative care requirements were clinically assessed and had appropriate care planning to guide and inform staff.

Residents who availed of bedrails were supervised and checked on a regular basis and records reviewed indicated this.

Residents were aware of their care plans and stated that they had been discussed with them.

Judgment:

Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The premises met the needs of all residents and promoted the residents' dignity, independence and well-being.

The centre and the grounds were well maintained with suitable heating, lighting and ventilation. The centre was warm and homely. The cleanliness and general housekeeping of the centre was of a high standard. There was provision of private and communal accommodation. Accommodation comprised 42 single bedrooms and four two-bedded rooms. All bedrooms had full ensuite facilities, suitable storage for residents' belongings, call bells and all bedrooms had external windows providing the occupying resident with views to the outside. Residents' rooms were personable, spacious and appropriately furnished.

Additional accommodation included the main kitchen with ancillary storage, two offices, sitting rooms, dining rooms, a quiet room/oratory, a smoking room, an assisted bathroom complete with an assisted bath, a multi-purpose room with a clinical area, storage area and a sink for hairdressing. Staff changing facilities were provided. The centre had an in-house laundry and an external smoking facility, visually accessible from the nurses' station. Residents had access and egress to a secure garden, suitably furnished.

There was evidence that a maintenance and décor programme was ongoing.

There was satisfactory provision of hand rails and grab rails throughout the centre and residents had access to equipment which promoted their independence. Electronic accessible doors were located at the entrance. Closed circuit television (CCTV) was used in the centre and appropriate signage was displayed with regard to the use of CCTV. The centre had a policy on the use of CCTV. There was ample provision of car parking for visitors and staff.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The in-house advocate had a record of complaints/issues aired by residents. On review, there was evidence that the complaints/issues of residents, families were listened to and acted upon. There were processes in place to implement learning from complaints. The complaints process was displayed in a prominent place. Records reviewed indicated that all complaints were investigated and that responses and outcomes were noted. However, as confirmed by the in-house advocate, not all verbal complaints, while addressed immediately, were recorded.

Judgment:

Non Compliant - Minor

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date and inclusive of comprehensive guidance for staff. There was evidence that staff were consulted when the policy was being updated. A record of staffs' suggestions for inclusion in the policy was reviewed by the inspector.

There was evidence that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. Residents spoke in a positive manner with regard to their care. There was evidence that residents were aware of, and had participated in, the advanced care planning process in progress in the centre. This information was captured in the residents' care plans. Both the provider/PIC and the KSM stated how beneficial it was for staff to have up to date information regarding the residents' preferences for care at end of life.

Annual remembrance events for deceased residents were organised.

Staff training records indicated staff had attended in-house training on end of life care.

Staff were knowledgeable on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management. This training was augmented by staff from the local specialist palliative homecare team. The provider/PIC and the KSM confirmed that the centre had excellent engagement with the team.

Staff were knowledgeable in how to physically care for a resident at end of life and voiced how it was a privilege to be there for the resident and their families at this time.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and had access to ministers from a range of religious denominations. Residents had access to an oratory located in the centre.

Family and friends were facilitated to be with the resident approaching and at end of life. The centre had a majority of single bedrooms with some two-bedded rooms. Tea/coffee/snacks facilities and meals were provided for relatives. Open visiting was facilitated. There was ample provision of private sitting spaces and sitting rooms. Overnight facilities for families, were available.

There was evidence in residents' computerised care plans that residents had choice as to the place of death. The sample of residents' end of life care plans reviewed captured explicit guidance to staff for that resident's care.

Medication records reviewed indicated that medication management was regularly reviewed and closely monitored by the GP.

The provider/PIC and the KSM stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally) on what to do following the death and that this included information on how to access bereavement and counselling services.

There was a protocol for the return of personal possessions. Residents' inventories were completed on admission and updated regularly thereafter.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had an up-to-date policies on food and nutrition. An environmental health officer's (EHO) report dated February 2014 was available.

Records of residents' meetings reviewed reflected that, overall, the residents were complimentary of the food on offer and there was evidence that any issue arising with regard to food, for example, the temperature of the food, was addressed.

The inspector met with the head chef who confirmed that either she or the other chef met with either the provider/PIC or the KSM each morning to receive an update of the current status of the residents pertinent to their nutrition. Up to date information with regard residents' dietary requirements was available in the kitchen. While the head chef did not attend the residents' meeting, she was aware of any food related topic that may be raised by the residents. A rotating seasonal menu was in operation. The head chef stated that the menu had been reviewed by an external dietician.

The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. A menu with the choice of the day was displayed.

There was evidence that ample choice was available to residents for breakfast, lunch and evening tea. On the day of inspection, the majority of residents had their breakfast in their rooms. Breakfast was served between from 07:30 onwards. The breakfast choice included a hot breakfast, a variety of hot and cold cereals, breads, juices and fruits. Residents confirmed that a staff member came around daily informing them what was on the menu and confirmed that they had a choice in the menu. There was evidence that the catering staff sought feedback from the residents with regard to the meals served.

A choice of main course was offered for lunch. Lunch was served in three dining areas from 13:00 hrs onwards. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Gravies/sauces were served separately or added at the resident's request. Staff informed the inspector that residents could choose to have their meal in the dining room or in their room. On the day of the inspection, most residents dined in the dining rooms. Residents voiced how the lunch was tasty, appetising, and hot. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried occasions and staff were observed using the mealtimes as an opportunity to engage with residents. Staff demonstrated in-depth knowledge of residents' likes and dislikes and particular dietary requirements. Evening tea was served from 17:00hrs onwards and residents confirmed that a supper trolley containing snacks, was provided later in the evening. Light snacks and drinks were readily available throughout the day of inspection. Residents confirmed that they could request any food at any time.

A sample of care plans of residents with particular medical issues and particular dietary requirements reflected that the residents had a specific care plan guiding their care. Residents had a malnutrition universal screening tool (MUST) assessment on admission and monthly thereafter. Staff were familiar with how to assess and use the tool. There was evidence that, when required staff completed a daily record of residents' nutritional and fluid intake/output. A sample of medication administration charts reviewed evidenced that nutritional supplements prescribed by the general practitioner for residents were administered accordingly.

Residents' weights were recorded monthly or more often. It was evident that the documentation of a weight loss/gain prompted an intervention including contacting the GP, a referral to the dietician and the commencement of food and fluid charts. The

inspector was informed that the residents had access to dietetic services, speech and language therapy services and occupational therapy and there was evidence that resultant advices were incorporated into residents' care plans. Assistive cutlery and crockery required for residents with reduced dexterity, were available.

Residents' dining rooms were bright and spacious. Low volume music was playing in one room used as a dining area. There was evidence that the dining room tables were being progressively painted/updated. Tables were suitable adorned; some with tablecloths and some without, floral centre pieces, good quality delph, cutlery, glass ware and cloth serviettes.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Minutes of residents' council meetings, which depicted how residents were consulted on how the centre was run, were reviewed. It was evident that feedback was regularly sought from residents at this forum. On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices.

Residents could receive visitors in private. The centre had a varied activities programme, facilitated by a team of activity co-ordinators under the auspices of the home manager, which reflected the diverse needs of the residents. It was evident that activities were organised concurrently and that residents had a choice of activities to attend. One to one sessions were also available to residents who preferred this.

It was evident that residents received care in a dignified manner and that the residents' privacy was maintained at all times. Staff were observed knocking and awaiting permission before entering residents' bedrooms.

Residents' communication needs were highlighted in their care plans and practices observed demonstrated that staff were very aware of the different communication needs of residents. Practices concurred with the centre's policy on communication and on residents' rights and dignity.

All residents' bedrooms had wall mounted televisions and residents had access to newspapers and information on local events. Visitors were observed coming and going throughout the day of inspection.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The centre had a policy on residents' personal property and possessions. Adequate storage space was provided for residents' personal possessions. A record was kept of each resident's personal property.

Arrangements were in place for the regular laundering of linen and clothing and the safe return of residents' clothing.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

On the day on of inspection there were appropriate staff numbers and skill mix to meet the needs of residents, the assessed dependency level of the residents and relative to the size and layout of the centre. The staff roster reflected the actual staff on duty. Contingency plans were in place to cover annual leave or sick leave.

Training records reviewed indicated that an ongoing programme of staff training was in progress. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. The care manager stated that a particular topic was made a monthly theme; for example: the month of May was designated as the month for reviewing all aspects of end of life care.

Records reviewed indicated that staff nurses employed at the centre were up to date members of An Bord Altranais agus Cnáimhseachais na hEireann. One staff nurse was completing her supervised induction programme.

Staff were aware of the centre's policies and procedures and demonstrated their knowledge with regard to evidence based practice.

The requirements of Schedule 2 with regard to staff recruitment were met.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Deerpark House
Centre ID:	OSV-0000221
Date of inspection:	08/07/2014
Date of response:	31/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Records of staff checking the hoists prior to use were not maintained and this practice did not concur with guidance for staff on the use of manual handling equipment as noted on the risk register appended to the risk management policy.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

As of 21 July 2014, there is a record sheet for each individual hoist and sling.

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

Proposed Timescale: 21/07/2014

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

Not all verbal complaints were recorded.

Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

With effect from 14 July 2014 we have commenced the practice of recording all complaints/suggestions (no matter how insignificant they may appear to be) from all residents, their families, staff members and visitors. This is to be reviewed on a monthly basis.

Proposed Timescale: 14/07/2014