

**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:	OSV-0000222
Centre address:	Deerpark, Lattin, Tipperary.
Telephone number:	062 55121
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
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 August 2017 08:00	23 August 2017 17:00
24 August 2017 08:00	24 August 2017 15:30

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

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

Summary of findings from this inspection

This report sets out the findings of a two day announced inspection to inform a decision for the renewal of registration. Unsolicited information of concern had been received by the Health Information and Quality Authority (HIQA) prior to this inspection. This concern alleged issues in relation to safeguarding of residents, inadequate staffing and a poor quality of care provided to residents. However, the inspector found no evidence during this inspection to substantiate these concerns.

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 representative informed the inspector that she acquired the center in 2009. 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 in relation to the reduction in the multi-occupancy bedrooms, extended/renovation of the dining room and provision of new laundry facilities. This had facilitated an increase from 30 registered places to 33 with the addition of seven large single bedrooms, each room has a large en-suite wheelchair accessible shower/toilet facilities. 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.

As part of the inspection process, the inspector met with many residents, their representatives, staff members, the person in charge and the provider representative. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs. A number of residents told the inspector that they were very happy living in the centre and that they felt safe there. Visitors outlined that their loved one was very happy in the center and that they as visitors were always made feel very welcome when visiting. Staff to whom the inspector spoke to were able to demonstrate good knowledge of the residents' healthcare and support needs.

There were 17 outcomes reviewed as part of this inspection, 13 of the 17 outcomes were compliant, two outcomes substantially compliant and two outcomes premises and health, safety and risk was moderately non-compliant with the regulations. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

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:

There was a written statement of purpose that described the service that was provided in the centre. The services and facilities outlined in the statement of purpose and the manner in which care was provided, reflected the diverse needs of residents. The statement of purpose contained all of the information required by schedule 1 of the regulations and was reviewed annually.

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:

The inspector met with the provider representative who described the management structure that included who was in charge, who was accountable and what the reporting relationships were. Since the last inspection the provider representative had appointed

two additional persons participating in management (PPIM) to support her in the overall governance and management of the center. The inspector noted that one PPIM had the remit for human resources and catering while the other PPIM had the lead for ongoing facilities management and risk management. Both PPIM's were based on site and met with the provider representative and the person in charge on a daily basis. Staff who spoke with the inspector were able to demonstrate good knowledge of this system. There was also a system in place to improve the quality and safety of the service which included undertaking regular audits, resident survey's and structured management meetings. These audits were available to the inspector and included, amongst others: falls, hygiene and infection control, care planning, the use of restraint, complaints, wound care and medication.

Deputising arrangements for the person in charge were satisfactory. The person in charge was in post since 2009 and was well known to residents and staff. The inspector noted that there was a good level of staff supervision and staff appraisals had recently commenced. The inspector spoke to staff who explained their areas of responsibility and were found to be knowledgeable and resident oriented, in their approach. Staff to whom the inspector spoke to were aware of the regulations governing the sector and the updated national standards. Evidence of consultation with residents was available in a sample of survey results and minutes of residents' meetings. During the two days of this inspection, the inspector noted a high number of visitors in the center. Many residents and relatives spoken with by the inspector were very complementary of their experience of care and facilities at the centre. There had been significant renovation works completed and the inspector was informed that resources were available to ensure on going premises upkeep and to continuous professional development of staff. The annual review of the safety and quality of care had been completed for 2016. The person in charge had made this report available to residents as required.

There was evidence of meetings with staff and regular meetings were held with residents. The person in charge was clearly known to residents and relatives to whom the inspector spoke with. Many residents and visitors were very complementary of care and support provided by the person in charge. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge and the provider representative were proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of the inspection; both the person in charge and the provider representative demonstrated a conscientious approach to addressing these issues. Both demonstrated a clear commitment to compliance with the regulations. For example, the significant renovation to the premises and the establishment of a falls reduction committee which recorded an ongoing reduction in the incidence of falls.

There was also evidence of good consultation with residents and relatives via resident/relative questionnaires that were provided as part of this registration inspection. It was of note that the person in charge and staff were identified as being very supportive and approachable by respondents to these questionnaires.

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:

There was a Residents' Guide available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was made available to residents and found to meet the requirements of legislation.

The inspector reviewed a sample of residents' contracts of care. The inspector noted that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined the services and responsibilities of the provider to the resident and the fees to be paid. However, not all contracts of care reviewed contained details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

Judgment:

Substantially 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:

The person in charge had been appointed in 2009 and worked full time in the centre and was a qualified nurse with significant experience in the area of nursing the older person. The person in charge possessed the clinical knowledge to ensure suitable and safe care. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in

her role and responsibilities as person in charge and displayed a commitment towards providing a person centre high quality service. She was fully engaged in the governance and administration of the centre on a consistent basis. The inspector observed that the person in charge had an open door policy to residents and staff and clearly demonstrated a hands on approach in her role. She was fully aware of residents' care and support needs, met the night staff each day and attended the daily handover. She also met with all residents on a daily basis and frequently met many residents' representatives. The person in charge had a specific interest in providing a homely environment that was person centred. She explained to the inspector how she promoted continuous improvements in residents' care by for example, continuously updating staff training and had commenced documenting staff appraisals yearly. Residents, spoken with, described the person in charge as very supportive and staff also described her as a very approachable' manger that had the residents' at the centre of everything that happens in the centre.

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:

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The inspector reviewed the centre's operating policies and procedures and noted that the centre had most of the site specific policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These policies were reviewed and updated at intervals not exceeding three years as required by Regulation 4. While there was a copy of the national "Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures issued by the Health Service Executive (HSE) however, the was no center specific

safeguarding policy available.

Overall the centre-specific policies reflected the care given in the centre and informed staff with regard to up-to-date evidenced best practice or guidelines. There was evidence of on-going training to staff on policies and procedures and staff had signed off on these once they had received the training.

The inspector viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:

Substantially 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.***

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Unsolicited information of concern had been received by the Health Information and Quality Authority (HIQA) prior to this inspection. This concern alleged issues in relation to alleged abuse of residents, inadequate staffing and a poor quality of care provided to residents. However, during this inspection the inspector found no evidence to substantiate these concerns.

There were policies and procedures in place to guide staff in the care and protection of residents. For example, there was a policy on respecting the privacy and dignity of residents that was reviewed in January 2017 and a policy on protecting residents' accounts and personal property that had been reviewed in March 2017. There was a copy of the national "Safeguarding Vulnerable Persons at Risk of Abuse - National Policy

and Procedures issued by the (HSE) however, there was no centre specific safeguarding policy available and this issue was action under outcome five of this report. The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The person in charge was qualified to train staff in elder abuse and safeguarding training was provided to staff on an on-going basis in-house. From a review of the staff training records all staff had received up-to-date training in a programme specific to protection of older persons. This training was supported by the aforementioned policy document on safeguarding which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. However, there was no centre specific policy in relation to safeguarding. This issue was actioned under outcome 5 of this report.

The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all interior and exterior doors. A closed circuit television (CCTV) system was in place that covered external areas that were used for security purposes and there was a small number of internal CCTV cameras. The internal camera's viewed a number of internal corridors. The provider informed the inspector that these internal CCTV cameras were not recording and used only to enhance real-time observation.

The inspector reviewed the arrangements in place in relation to the maintenance of residents' day to day expenses and the centre managed a small number of residents financial transactions. The inspector reviewed the system in place to safeguard residents' finances which included a review of a sample of residents' records of monies. The inspector noted that all lodgements and withdrawals were adequately documented or signed for by residents, their representatives and/or two staff. In addition, there were suitable arrangement for a written acknowledgement of the return of the money or valuables and adequate reviewing/auditing of these arrangements. The provider representative confirmed that that the financial records were audited to ensure good financial governance was in place. In relation to the storage of valuables, the inspector noted that all residents were provided with a lockable storage facility in their bedrooms.

There was a policy on meeting the needs of residents with challenging behaviour that had been reviewed in May 2017. Staff were provided with training in the centre on responsive behaviour (a term used to describe how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). At the time of inspection there were no residents who presented with responsive behaviour. Training records showed that all staff had received up-to-date training in this area. There was evidence that residents who had presented with responsive behaviour had been reviewed by their General Practitioner (GP) or other professionals for full review and follow up as required. Care plans reviewed by the inspector for residents exhibiting responsive behaviour were seen to include positive behavioural strategies.

There was a policy on restraint which was most recently updated June 2017. There was evidence that the use of restraint was in line with national policy. The restraint register recorded 12 residents using bedrails on the days of inspection. From the sample of

records viewed; all residents with any form of restraint there was evidence that there was regular checking/monitoring of residents, discussion with the resident's family, the visiting physiotherapist and the General Practitioner (GP). The inspector saw that there was an assessment in place for the use of restraint, which clearly identified what alternatives had been tried to ensure that the particular form of restraint was the least restrictive method to use. For all residents with a bedrail in place; there was also a risk assessment completed and the details entered onto the restraint register. These details were reviewed at least every quarter. The inspector was assured by the practices in place and saw that whenever possible alternative measures were used. For example, there were low-low beds and alarm mats used for a number of residents to reduce the use of bed rails in the centre. There was on-going auditing of the use of restraint with the most recent audit completed in July 2017 which recorded a continued reduction in bed rail usage.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a computerized care planning and recording system in place. All accidents and incidents were recorded via this system on incident forms. All were reviewed by the person in charge and provider representative and there was evidence of action in response to individual incidents. The inspector reviewed all notifications made to HIQA and cross referenced them against the recorded accidents in the centre. The inspector noted that suitable notifications had been made in relation to all accidents in the centre.

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the centre. The fire policies and procedures were centre-specific. There was a designated smoking room with a no smoking policy implemented for the remainder of the premises. The person in charge confirmed that two residents smoked in the centre. The inspector noted that these residents had smoking risk assessments and care plans in place. The fire safety plan was viewed by the inspector and found to meet HIQA regulatory requirements. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Staff demonstrated appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was most recently provided in August 2017 to staff and all staff had up to date fire training, as required by legislation. The person in charge told the inspector and records confirmed that fire drills were

undertaken at a minimum each quarter in the centre. However, the record of the most recent fire evacuation drill completed in August 2017 was not adequate for the following reasons:

- the fire drill record did not detail the fire scenario that was being simulated
- the fire drill record did not record any identified issues or problems encountered during the fire evacuation drill, therefore there was no record of any learning from the drill or improvements required as a result.

The inspector examined the fire safety register which detailed services and fire safety tests carried out. Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in March 2017. Records viewed recorded that the fire alarm was last tested in August 2017 and the emergency lighting was last serviced in August 2017. Each resident had a personal emergency evacuation plan (PEEP's) in place. However, the PEEP records viewed were not adequate as they did not contain adequate details regarding the residents' level of supervision when brought to a place of safety following evacuation

The health and safety statement seen by the inspector was centre-specific and the health and safety policy was dated as being most recently reviewed in September 2016. There was a risk management policy as set out in schedule 5 of the regulations. The policy covered the identification and assessment of risks and the precautions in place to control the risks identified. Clinical risk assessments were also undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. Accidents and incidents were recorded and monitored by the person in charge. There was evidence of action in response to individual incidents. However, the risk management policy did not contain the specific measures and actions to control the specific risks of the following risks as required by regulation:

- abuse
- unexplained absence of a resident
- accidental injury to residents, visitors or staff
- aggression and violence
- self harm

The provider representative had contracts in place for the regular servicing of equipment and the inspector viewed records of equipment serviced which were up-to-date. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on most corridors and safe walkways were seen in the outdoor areas. However, there was no hand rail on the entrance corridor or on one of the rear fire exits corridors and this issue was actioned under outcome 12 of this report.

Overall the premises, including the communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene at the centre. All hand-washing facilities had liquid soap. There were policies in place on infection prevention and control that had most recently been reviewed in March 2017. There was personal protective equipment such as latex gloves and plastic aprons available in designed cupboards. Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. For example, regular

training of staff, subtle staff infection control reminder notices and strategically placed hand sanitizer dispensers throughout the premises. Staff that were interviewed demonstrated knowledge of the correct procedures to be followed. The training matrix indicated that all staff had completed training in hand hygiene and infection prevention and control. However, there were a number of infection control issues including:

- there was two large opened containers of medicated cream stored in a communal shower room without any residents' identifying details
- the taps in the sluice room wash hand basins were of a domestic style and not suitable to promote infection control practices
- the side of the worktop in the sluice room was in need of repair to facilitate effective cleaning.

Care plans reviewed contained a current manual handling assessment which had been completed with the input of the physiotherapist. These plans referenced the specific equipment required for resident and staff safety. The person in charge was a trained manual handling instructor and manual handling practices observed were seen to be in line with current best practice. The training matrix recorded that all staff were trained in manual handling. Documentation seen indicated that the hoist required for moving techniques in resident care was serviced regularly and the person in charged confirmed that all residents had the use of their own individual sling if required.

Judgment:

Non Compliant - Moderate

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 centre-specific policies on medication management were made available to the inspector and had been most recently reviewed in June 2017. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines for residents were supplied by a community retail pharmacy. Nursing staff with whom the inspector met outlined a robust procedure for the ordering and receipt of medicines in a timely fashion. Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Staff informed the inspector that there were no residents currently self-medicating in the centre.

Medications requiring additional controls under the Misuse of Drugs Regulations were seen to be suitably stored and robust measures were in place for the handling and storage of controlled drugs and were in accordance with current guidelines and legislation including the Misuse of Drugs Regulations.

Nursing staff with whom the inspector spoke demonstrated adequate knowledge of the general principles and responsibilities of medication management. Medication administration was observed at lunch time on the first day of inspection. The inspector found that the nursing staff adopted a person-centred approach and a sample of medication prescription records was reviewed. Medicines were recorded and administered in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais (Irish Nursing and Midwifery Board of Ireland).

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:

The inspector followed up on a number of notifications received from the provider representative and saw that suitable action had been taken including a comprehensive log of all accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents and incidents as required.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' healthcare requirements were met to an adequate standard. Residents had good access to GP services. There was evidence of regular reviews of residents overall health on admission and on readmission following return from acute hospital care, and as required when clinical deterioration was noted. The person in charge outlined how the centre had an electronic based care recording system. The inspector observed staff inputting records of on-going care provision using touch screens that were located in a number of areas in the centre. Whenever possible, each resident was assessed prior to admission by the person in charge using a structured assessment. The inspector saw that residents had a comprehensive nursing assessment completed following admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. There was evidence of access to specialist and allied healthcare services to meet the care needs of residents. For example, Speech and Language Therapist (SALT), Psychiatry, opticians, dentists and chiropody services. Access to palliative care specialists, dietician and onsite physiotherapy were also available. Systems were in place for the assessment, planning, implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. From a review of care plans, there were details to support staff in effectively managing residents' health problems. The person in charge closely monitored the care planning system to ensure that residents support and care needs were met. The person in charge regularly reviewed care plans to ensure appropriate care provision. The inspector found that the care plans were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Assessments and care plans were reviewed four-monthly or more frequently as required. A daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations. Systems were in place for the assessment, planning, implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. Based on a random sample of care plans reviewed; overall the inspector were satisfied that the care plans reflected the resident's assessed needs, assessment was supported by a number of evidenced-based assessment tools and plans of care to meet most identified needs.

There was a falls prevention group which was established to promote the reduction in the incidence of falls within the centre. This group met regularly and the inspector noted that the physiotherapist attended these meetings. This group reviewed any incidences of

slips, trips or falls in the centre. All incidences of falls were reviewed individually to identify any possible antecedents or changes/learning that could be obtained to prevent any re-occurrence. Subsequently, measures were identified in residents' falls prevention care plans and there were also reassessments of falls risks by staff after each fall. The inspector was satisfied that all staff spoken with were familiar with each resident's needs. Overall care plans contained few identified deficits between planned and delivered care. Residents and their representatives to whom the inspector spoke were very complementary of the care, compassion and consideration afforded to them by staff.

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):

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

Findings:

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 representative informed the inspector that she acquired the centre in 2009. The premises had been renovated a number of times over the intervening years. For example, there had been significant refurbishment and an extension works completed in 2015 in relation to the reduction in the multi-occupancy bedrooms, extended/renovation of the dining room and provision of new laundry facilities. This had facilitated an increase from 30 registered places to 33 with seven large single bedrooms; each of these rooms had a large en suite with wheelchair accessible shower facilities. There was also a large foyer which had comfortable furniture for residents use. There was an assisted toilet, a storage room and an administration office and additional parking spaces provided at the front. Since the previous inspection, the hairdressers/pampering room had been fitted out to provide hairdressing and grooming services. Prior to this extension, the premises had been an L shaped building and the extension had been designed in such a way as to create an internal courtyard which provided a secure outdoor area for residents. In the courtyard there were some flower pots, safe walking area and seating for residents to enjoy. There was also a seating area to the front of the building with car parking available for

residents, relatives and visitors.

Separate facilities were available for staff and included an area for changing and storage. Heating, lighting and ventilation was adequate to the layout of the premises with a separate kitchen that was appropriately equipped for the size and occupancy of the centre. The new laundry area was adequately equipped with sufficient space and facilities to manage all residents' laundering processes while bed sheets and towels were sent to an external laundry provider. The sluice room was secure and appropriately equipped however, there were some improvements required in this room which have been detailed and actioned under outcome 8 of this report. Working call bells were accessible from each resident's bed and in most rooms used by residents. The inspector observed that call bells were answered in a timely manner. However, the inspector noted that there was no call bell facility in the dining room.

A number of circulation areas, toilet facilities and shower/bathrooms had non slip flooring and were adequately equipped with hand-rails and grab rails. Most walkways and bathrooms were equipped with handrails and grab-rails. However, two small sections of corridors did not have a hand rail. Residents had access to assistive equipment as required. Where it was necessary for staff to utilise specialised equipment they demonstrated knowledge of the necessary lifting and handling techniques. Equipment such as the hoist, chair scale, wheelchairs and electrical profiling beds were maintained in good working order. There was documentation available to verify that the necessary maintenance had been completed and the most recent certification was dated August 2017 to this effect.

Residents informed the inspector that they had brought items that were of value to them from home such as furniture and pictures into the centre. The inspector noted that many of the resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. All residents' bedrooms could be locked and bedroom doors had a number and some had identifying signs/names. A separate modern kitchen was located off the dining room. The inspector observed the kitchen to be visibly clean and well-organised and reviewed the most recent environmental health officers' report dated August 2017. The inspector spoke to the cook who enthusiastically described menu options for residents and was very clear on residents' dietary preferences. Residents and visitors to whom the inspector spoke were very complementary about the choice and quality of food provided in the centre.

Overall the premises was homely, well decorated and residents reported to the inspector that they were comfortable living in the centre. Bedroom accommodation comprised of single and twin rooms, they all had an en suite toilet and nine rooms had a full en suite with shower. All the bedrooms had wardrobes and adequate storage space for residents' personal possessions. Residents in the twin bedrooms were provided with privacy screens. However, on the previous inspection it was identified that not all the screens in the twin rooms had been reconfigured to provide increased space around the bed areas. The inspector noted that the bed screens in one of these three affected twin rooms bedrooms had been suitably reconfigured. However, two of the twin bedrooms had yet to have the privacy screens adjusted. In addition, there were a number of other premises issues that required improvements including:

- parts of the centre required redecorating for example, the paint on the walls of some

areas such as parts of the sitting room and the original entrance area required repainting and some doors were marked

- there were a number of electrical cables that required review as they were tied up and hanging for example from the wall in the sitting room and a bedroom ceiling
- the linoleum floor covering on a number of floors required review for example as there was a small hole in the sitting room floor and the linoleum was cracked/lifting in the communal bathroom
- there was no assisted bath available.

Judgment:

Non Compliant - Moderate

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:

Policies and procedures which complied with legislative requirements were in place for the management of complaints and the complaints policy was reviewed in May 2017. There was an independent appeals process and complaints could be made to any member of staff. The person in charge was the designated complaints officer. The provider representative was the second person as required by regulation in relation to the monitoring and management of complaints. Residents were aware of the complaints' process which was on public display in a number of locations. On review of the complaints log there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied. All complaints were reported to the provider representative. Complaints were reviewed regularly as part of the internal auditing process to identify any learning or changes that were required. There were no open complaints on the days of inspection.

Judgment:

Compliant

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.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The policy on the management of end of life care was dated as most recently reviewed in July 2017. At the time of inspection there were no residents receiving end of life care. Overall there was evidence of a good standard of medical and clinical care provided. The person in charge outline that if required appropriate access to specialist palliative care services including the home care team would be provided. The person in charge outlined how residents were facilitated to sensitively provide information in relation to their preferences and wishes in relation to their end of life care needs. The inspector found that staff were aware of the policies and processes guiding end of life care. Staff to whom the inspector spoke outlined suitable arrangements for meeting residents' needs, including ensuring their comfort and care. Staff spoken to were able to describe suitable and respectful care including meeting residents spiritual needs as appropriate, in the provision of end of life care. The inspector noted that families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly as required. The provider outlined the facilities to support relatives to remain with their loved ones during end-of-life. These included for example, the use of any vacant bedroom and/or the use of foldout chairs to enable families remain overnight, if required.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Person-centred care and support</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector observed the lunchtime meal and noted that some residents had their meals in their bedroom, in the sitting room, the quiet room or the dining room; depending on their own individual choice and preferences. Some residents were observed receiving assistance from visitors with their meals and there was a unrushed, informal and homely atmosphere evident during the meal times. Residents were</p>
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provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by both visitors and staff. The dining experience was very much a social occasion and many residents and their visitors were seen chatting with each other throughout their meal. Staff also used meal times as an opportunity to engage in a meaningful way with residents, particularly with residents to whom they gave assistance. Those residents on modified diets were offered the same choices as people receiving unmodified diets. A four week rolling menu was in place to offer a variety of meals to residents. Tables in the dining room were appropriately set with cutlery condiments and napkins. Residents spoken with agreed that the food provided was always very good and appetising. Overall residents were happy with the food provided in the centre and some residents stated that that "the food was really excellent". Food was served from the nearby kitchen by a team of staff and was well presented.

Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. The inspector spoke with the Cook who outlined how he was knowledgeable about all residents dietary needs and preferences. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the kitchen. The Cook also demonstrated to the inspector how she used a picture information folder to assist her when eliciting preferences and food choices from residents with communication difficulties.

Drinks such as water, milk, tea and coffee were available at different times throughout the day. Access to fresh drinking water was available at all times and jugs of water for example, were observed in residents' rooms and in the sitting room. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition. The inspector looked at this system in place to monitor food intake. The system of recording was found to be consistent/detailed enough to enable meaningful analysis as to the adequacy of intake for at risk residents.

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:

There was a centre specific policy on the promotion of residents' social contacts that had been most recently reviewed in June 2017. The provider representative stated that the centre was well supported by the local community on an on-going basis. For example, local musicians performed regularly as well as dancing in the centre. A number of residents visited local sporting events, restaurants and occasionally the local pub. Some residents enjoyed frequent visits or outings including the occasional overnight visit away from the centre. There was regular rosary prayers facilitated by visitors and a visiting hairdresser attended at least once a month.

The person in charge outlined how the centre was endeavouring to provide a homely environment for residents. That the overall ethos of the service upheld the individual rights, dignity and respect for each resident. For example, the nursing assessment included an evaluation of the resident's social and emotional wellbeing. The daily routine was organized to suit the residents. In addition, the person in charge outlined how staff including catering staff, optimized opportunities to engage with residents and provide positive connective interactions. For example, the inspector observed the Cook speaking to a number of residents during and after their lunch. It was clear to the inspector that she knew residents very well and they were comfortable speaking to her and giving her feedback in relation to their meals. Other household staff were observed taken time to stop and talk to residents and it was clear that many residents' knew such staff well. The inspector noted that there appeared to be a positive and friendly atmosphere in the center particular between residents, visitors and staff. There were some organized activities provided. Other small group or one to one activities were facilitated by staff, which generally reflected the capacities and interests of residents.

The person in charge outlined how she was able to actively consult with all residents and many of their representatives, each day. From speaking to residents and their visitors, it was clear that many were able to advocate for themselves and/or with the support of their representatives. The inspector noted that there was an independent advocacy service provided and the contact details of the advocate was placed in a prominent position, near the entrance to the centre.

Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising/returning to bed and whether they wished to stay in their room or spend time with others in the sitting rooms. Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in the three multi-occupancy bedrooms to protect the residents' privacy. Since the previous inspection the screens in one of these multi-occupancy bedrooms had been adjusted to allow more room around the residents' bed area. The provider stated that the adjustment of the privacy screens was a priority for the building works in the centre and would be completed shortly. However, the screens in two of the twin bedrooms had not been adjusted. This issue was actioned under outcome 12 of this report.

The inspector noted that staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Residents stated that their

visitors were always made welcome and that there were areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to staff and/or the person in charge and were assured they would be resolved. A number of visitors who spoke to the inspector confirmed that they were always made welcomed in the centre. The inspector observed that over the two days of inspection that there was a high level of visitors attending the centre and that relatives were very relaxed spending time with their loved ones.

Residents had access to the daily national newspapers, local weekly newspapers, a parish newsletter, magazines, books and several residents were observed enjoying newspapers both mornings of inspection. Residents had access to radio, television, and information on local events. It was evident to the inspector that residents had opportunities to participate in some activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. The provider representative outlined how three staff shared the role of providing activities. She explained that by sharing this role had enhanced the variety of options for activities and help maintain a positive participation of residents in the activities provided. A range of activities were facilitated, for example, live music sessions, social evenings, prayers/mass, bingo. For each resident there was a "A Key To Me" document completed in each residents' care plan reviewed. These records were instrumental in developing staff knowledge and awareness into the background, preferences and social support needs of residents. These records were comprehensively completed in consultation with residents and/or their representatives, as appropriate. They were a good resource of information to support residents, their representatives and staff in meeting residents social needs. The inspector noted that staff were knowledgeable of each resident's life history, hobbies and preferences which also informed the planning of residents' activities.

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):

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on the management of residents' personal property and possessions. From the sample of residents' records reviewed by the inspector; there were suitable records in place of individual resident's clothing and personal items.

Residents laundry was well maintained and most laundry provided on-site with bed sheets and towels laundered by a off-site laundry provider. There were appropriate arrangements in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items.

The inspector reviewed the management of residents' finances which included suitable record log and system of double signing for transactions. Residents that the inspector spoke with indicated that they were satisfied with the arrangements in place in relation to the management of residents' personal property. Each resident had a secure storage facility in their bedroom for the safekeeping of any personal items or small quantities of monies. A separate safe was also available, if required.

Residents were facilitated to have their own items, such as assisted equipment or furniture and personal memorabilia. The inspector noted that most bedrooms had been personalized with individual residents' items, photographs and art work. Each resident had suitable furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes.

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:

Unsolicited information of concern had been received by HIQA prior to this inspection. These concerns included issues in relation to staffing. However, following this inspection these concerns were not substantiated. The provider representative acknowledged that staffing had been a challenge early in the year. For example, due to an increase in dependency of residents there had been an increase in the level of Health Care Assistance (HCA) from one to two on duty at night. The provider representative stated that there was no issue with staffing at the moment. The person in charge and staff to whom the inspector spoke stated that staffing in the center was adequate. This was confirmed by a review of the staffing roster, reviewing residents' dependency profile,

speaking to residents and their visitors, reviewing care planning documentation, speaking to staff, a review of residents returned questionnaires and review of minutes of staff and management meetings.

An actual and planned roster was maintained in the centre. The inspector noted that the person in charge worked full time and was available on site Monday to Friday. She was also available if required on call to staff outside of the normal working hours. The inspector observed practices and conducted interviews with HCA's, household staff including the Cook, the person in charge, staff nurses and the provider representative.

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have good knowledge of residents' needs as well as their likes and dislikes.

From speaking to the person in charge, staff and a review of documentation; staff appeared to be supervised appropriate to their role and responsibilities. Staff appraisals had commenced and were in the process of being rolled out to all staff. Recently recruited staff confirmed that this process had started. The person in charge discussed staff issues with the inspector and suitable protocols and records were seen to be in place where any concerns had been identified. There was an education and training programme available to staff. The training matrix indicated that most mandatory training was provided and a number of staff had attended training in areas such as manual handling, cardio pulmonary resuscitation (CPR) and elder abuse.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for nursing staff were seen by the inspector. The provider representative confirmed that there were no volunteers in the centre and all staff had been suitably Garda vetted.

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:

Vincent Kearns
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 Nursing Home
Centre ID:	OSV-0000222
Date of inspection:	23/08/2017 and 24/08/2017
Date of response:	12/09/2017

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

To ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned including details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom.

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

1. Action Required:

Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

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

New contracts of care have been amended to specify the outlines in the regulations. These will be used with all new admissions.

Proposed Timescale: 30/08/2017

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:

To prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5 including the prevention, detection and response to abuse.

2. 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:

New policy has now been implemented, specifically for Deerpark Nursing Home referencing the HSE national policy,

Proposed Timescale: 09/09/2017

Outcome 08: 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:

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

3. Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

New Risk Management policy implemented in Sept 2017. New Risk Assessments in progress for all nursing homes areas, which will include the measures and actions in place to control abuse.

Proposed Timescale: 31/12/2017

Theme:

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

4. Action Required:

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

New 'Risk Management Policy' implemented Sept 2017 now in place, new risk assessments will be completed to cover all nursing home areas, to include the measures and actions in place to control the unexplained absence of a resident.

Proposed Timescale: 31/12/2017

Theme:

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

5. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

New Risk Management policy implemented in Sept 2017. New Risk Assessments in progress for all nursing homes areas, which will include the measures and actions in place to control accidental injuries to residents, visitors or staff.

Proposed Timescale: 31/12/2017

Theme:

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

6. Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

New Risk Management policy implemented in Sept 2017. New Risk Assessments in progress for all nursing homes areas, which will include the measures and actions in place to control aggression and violence.

Proposed Timescale: 31/12/2017

Theme:

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

7. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

New Risk Management policy implemented in Sept 2017. New Risk Assessments in progress for all nursing homes areas, which will include the measures and actions in place to control self harm.

Proposed Timescale: 31/12/2017

Theme:

Safe care and support

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

To ensure that procedures, consistent with the standards for the prevention and control

of healthcare associated infections published by the Authority are implemented by staff including

- the management of containers of medicated creams,
- the design of the taps in the sluice room sinks
- the repair of the work top in the sluice room to facilitate effective cleaning.

8. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- Carer has been allocated to ensure that all medicated creams etc are for individual use only, and are labelled.
- Maintenance have been advised to update taps to specified requirements
- Also a new counter top in sluice room and other improvements to be made in time scale below

Proposed Timescale: 31/01/2018

Theme:

Safe care and support

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

To make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents including suitable records of fire evacuation drills to include the following details:

- details the fire scenario that was simulated
- details of any identified issues or problems encountered during the fire evacuation drill, therefore there was no record of any learning from the drill or improvements required as a result.

And to ensure that the PEEP records contain adequate details regarding the residents level of supervision when brought to a place of safety following evacuation.

9. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

- Fire simulation has now been added to fire drill list, and will take place 6 monthly. Details of identified issues or problems encountered during the simulation will be documented by staff, for any learning from the drill, or improvements required as a result of the drill. Simulation took 31st August 2017 for nights, and 1st Sept 2017 for days. Documented in fire drill folder.
- Physiotherapist has agreed to change the PEEP records, regarding the resident's level of supervision, when brought to a place of safety following evacuation.

Proposed Timescale: 31/12/2017

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:

To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre including the following:

- provide a call bell facility in the dining room
- two small sections of corridors did not have a hand rail
- parts of the centre required redecorating for example, the paint on the walls of some areas such as sitting room and the original entrance area required repainting and some doors were marked
- there were a number of electrical cables that required review as they were tied up and hanging for example from the wall in the sitting room and a bedroom ceiling
- the linoleum floor covering on a number of floors required review for example as there was a small hole in the sitting room and the linoleum was cracked/lifting in the communal bathroom
- there was no assisted bath available.

10. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- Call bell in dining room is now operational.
- Hand rails will be installed as indicated in timescale below
- Redecorating for specified areas will be attended to in timescale below
- All loose cables now removed from all areas.
- All damaged floors areas will be repaired within timescale below
- Existing bath will be upgraded to assisted bath in timescale below

Proposed Timescale: 28/02/2018

