

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Deerpark House
<b>Centre ID:</b>	OSV-0004452
<b>Centre address:</b>	Seafield, Bantry, Cork.
<b>Telephone number:</b>	027 52 711
<b>Email address:</b>	info@deerparkhouse.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Dansar Care Limited
<b>Provider Nominee:</b>	Patricia Kelleher
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	43
<b>Number of vacancies on the date of inspection:</b>	7

## **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:
25 July 2017 10:40	25 July 2017 18:15
26 July 2017 08:45	26 July 2017 17:05

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection at Deepark House Nursing Home, Bantry. The purpose of the inspection was to monitor compliance with regulations and standards following an application by the service provider to renew registration. Previous inspections of the centre demonstrated that a high standard of care was provided in keeping with evidence-based practice. The last inspection of this centre took place on 5 April 2016. A copy of that report is available at [www.hiqa.ie](http://www.hiqa.ie). The inspection at that time had focused on care in relation to residents with dementia or a cognitive impairment. Where regulatory non-compliance had been identified the provider had demonstrated a willingness, commitment and capacity to implement the required improvements.

As part of the inspection process the inspector met with residents, relatives, the provider, the person in charge and other members of staff. The inspection included observation of practices and a review of documentation such as care plans, medical

records, policies and administration records. The inspection also involved an assessment of health and safety provisions. The findings of the inspection are described under 11 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector found that the centre continued to operate in substantial compliance with both the regulations and the conditions of its registration.

The centre was well resourced and provided appropriate accommodation and facilities in keeping with resident needs. The premises were clean and well presented throughout. Residents had access to secure outside space that was very well maintained. Residents had regular access to the services of a general practitioner (GP), and other healthcare professionals as required. Staff had received appropriate clinical and professional training. Management systems were in place and arrangements for supervision were effective. The centre employed several activity coordinators with responsibility for providing an activity programme both during the week and at weekends. The safety of residents, staff and visitors at the centre was seen to be actively promoted and a centre-specific risk management policy was in place. Overall the inspection findings were positive. Actions from the previous inspection were satisfactorily completed. Areas for improvement identified on this inspection related to the monitoring of risk and the review and assessment of the quality of service. These areas are covered in greater detail in the body of the report.

**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:**

The inspector reviewed the statement of purpose and found that it contained all the information required as per Schedule 1 of the regulations. It consisted of a mission statement and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review. A copy of the statement of purpose was readily available for reference.

**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 centre was a well established nursing home operating under the private management of Dansar Care Ltd. The company director represented the provider entity and was available throughout the inspection to provide information as necessary.

Governance was directed through a clearly defined management structure, as set out in the statement of purpose. Care was directed through the person in charge who reported to the provider representative. Nominated members of staff were responsible for effective work processes in areas such as catering, household and administration. The inspector discussed communication and consultation processes with members of management and determined that appropriate systems of accountability were in place. The person in charge was supported by management in her duty to deliver care. The provider was an active member of management who routinely attended the centre meeting with staff, residents and visitors on a regular basis. Resources were dedicated on a consistent basis for the maintenance of facilities and the development of a relevant training and education programme. Action had been taken as necessary to address areas for improvement identified on previous inspections.

The inspector discussed quality monitoring processes with management that included a schedule of audits on processes around safeguarding, admissions, communication, training and recruitment, for example. Monitoring data was also in place around infection control audits and a nominated member of staff had responsibility for monitoring compliance with national standards in keeping with requirements. Processes around audit and review in relation to medication management were also in place. The annual quality review for 2016 was set out against a framework that reflected the relevant national standards. The review for 2016 incorporated consultation with residents and relatives, and a number of surveys had been also been completed. However, the review required further development to fully reflect the requirements of the regulations and the monitoring of quality indicators, such as the occurrence and frequency of falls or healthcare related infections, for example.

**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 centre had appointed a new person in charge since the last inspection. The new person in charge was suitably qualified and experienced with authority, accountability and responsibility for the provision of service. The person in charge was a long standing member of staff who operated on a full-time basis and had extensive experience in clinical care. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to

person-centred care and a culture of improvement, as well as a well developed understanding of the statutory responsibilities associated with the role.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge and the registered provider were aware of the obligation to inform the Chief Inspector of any proposed absence of the person in charge.

Arrangements were in place to cover for the absence of the person in charge. At the time of inspection cover was provided by a senior staff nurse, and the registered provider was also qualified to substitute in the role as required. The registered provider was contactable and accessible locally in the event of any emergencies and staff had the necessary contact details in this eventuality.

**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.***

**Theme:**

Safe care and support

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

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

**Findings:**

A policy and related procedures were in place for the prevention, detection and

response to abuse that reflected the relevant requirements of current national legislation. It had been reviewed to include directions to staff on the management and investigation of such allegations. Records indicated that a programme of training on safeguarding had taken place in March 2017, and that all staff were currently trained. Members of staff spoken with by the inspector confirmed that they had received relevant training and understood how to record and report information as required. The person in charge as nominated designated officer had received appropriate training and was aware of the duties and responsibilities associated with the role. Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

Processes around the management of resident finances and property had been reviewed and found compliant on the previous inspection. Where possible, residents continued to manage their own finances, either independently or with the support of family. The centre did not administrate any individual accounts. The inspector reviewed a sample of records and confirmed that practice was in keeping with protocol and regular audits of this process took place.

A current policy and procedure was in place in relation to managing challenging behaviour, and had been reviewed in January 2017. Management explained that the centre focused on a different theme of care each month in order to promote an awareness and understanding among staff. The focus of attention in July was on the use of restraint and the management of responsive behaviours. A regular schedule of training was in place on managing the needs of residents with dementia. The inspector noted that staff were familiar with the needs of individual residents and understood how to interact appropriately with a resident to alleviate their particular anxiety or reduce confusion. The inspector reviewed the use of restraint with the person in charge and noted that relevant policies and protocols were in place to ensure that restraints, such as bed-rails, were used only following appropriate consultation. Care plans reviewed by the inspector recorded completed assessments on the need for use of a bed-rail, and any risk that might be associated with that use. Daily nursing notes reflected regular monitoring of the use of bed-rails. Information on the use of bed-rails was recorded and returned on quarterly notifications as per statutory requirements.

**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):**

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



**Findings:**

Policies and procedures relating to health and safety were site-specific and current. The risk management policy had been reviewed and referenced the specific hazards identified in the regulations. A signed health and safety statement was in place and procedures provided appropriate guidance to staff in the event of emergencies such as water loss and power outage or fire. A current risk management policy was also in place that included an active risk register that set out the controls and measures in place to manage a range of centre-specific environmental risks. However, this register required further development to reflect the controls and measures in place to address risks specified in Regulation 26, such as abuse, aggression and self-harm, for example. An incident log was maintained that recorded the circumstances, management and outcome of events. Management explained that learning from any incidents investigated was communicated to employees through handover and staff meetings. Appropriate environmental safeguards were in place such as grab-rails in corridors and accessible call-bells in all rooms. Attendance at the centre was monitored through the use of CCTV at the entrance and a visitor's log. Emergency exits were clearly marked and unobstructed. Access to sluice rooms was restricted by keypad access and hazardous substances were secure and appropriately stored. The inspector noted that a regular cleaning routine was implemented and observed practice that protected against cross contamination, such as the use of a colour coded cleaning system. Records of training confirmed that staff had received relevant training in infection control. The centre had a nominated member of staff with responsibility for monitoring compliance with national standards for infection prevention and control and regular audits of practice around hand-hygiene, for example, were in place. The inspector noted infection control practices were observed with staff utilising personal protective equipment and sanitising hand-gel as appropriate. Catering staff were trained in HACCP (Hazard Analysis & Critical Control Point).

Records indicated all staff had received up-to-date training in fire-safety procedures and those staff spoken with by the inspector understood how the alarm system worked and had participated in regular fire-safety drills. A fire-safety register was in place where daily, weekly and monthly checks were recorded to ensure ongoing fire-safety precautions. Suitable fire equipment was available throughout the centre; regular service and maintenance documentation was in place for this equipment. Records were available that showed the fire alarm and emergency lighting were serviced in keeping with regulatory requirements. The centre maintained an emergency response plan and evacuation procedures with floor plans were displayed clearly at the centre.

**Judgment:**

Substantially 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:**

A comprehensive centre-specific medicines management policy was in place, and the person in charge confirmed that it was kept under regular review in keeping with requirements. This policy provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed systems in relation to storage and the security of medicines, including controlled drugs, and found that these were robust and in keeping with requirements. A member of nursing staff demonstrated the protocols in place to ensure safe and effective administration of medicines. The administration of medication was in keeping with guidelines and reflected the time and frequency as directed by the prescription. Nursing staff were observed to administer medicines safely, providing information and assurance to the resident in a person-centred manner. Administration sheets indicated that where a resident refused a medicine there was a recorded entry for reference. Administering staff were able to describe an appropriate protocol around the reporting and review of circumstances where a resident might continually refuse a medicine.

A sample of prescription records was reviewed. Medication prescription sheets were current and contained the necessary biographical information of the resident, including a photograph for reference. Where PRN (medicine taken only as the need arises) medicines were prescribed, relevant maximum daily dosages had been indicated by the prescriber. Where residents required their medicines to be crushed prior to administration, authorisation by the prescriber was also recorded. Medication administration sheets contained the signature of the administering nurse and identified the medicine on the prescription sheet. Compliance aids to assist staff in identifying medicines were available for reference. A signature bank for administering nurses was maintained. All medicines were stored appropriately. Where medicines were refrigerated temperatures were being recorded and monitored. Dates of opening were recorded on medicines such as eye-drops. The person in charge confirmed that the pharmacist visited the centre on a regular basis. A review of documentation indicated that audits took place around medicine management procedures and that medicines prescribed for residents were regularly reviewed. Residents could retain the services of their own pharmacist if they chose. Training in medication management had last taken place on 31 May 2017.

**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:**

There had been no substantive change to the care planning system since the last inspection and records around care planning and review continued to be maintained electronically. The inspector reviewed a sample of care plans with the person in charge. Pre-admission assessments were routinely undertaken for residents, with further comprehensive assessments completed following admission. The care plans reviewed were monitored in keeping with regulatory requirements and reflected regular attendance and review by a general practitioner (GP) on a routine, or as required basis. Consultation records with residents and their relatives were maintained. The centre facilitated residents in retaining the services of their general practitioner and/or pharmacist.

Resident assessments were undertaken in keeping with evidence-based practice and the use of validated assessment tools. Care plans were found to be person-centred and individualised according to these assessed needs. All residents underwent a comprehensive assessment across a range of needs that included, for example, skin integrity, nutritional needs, cognition and mobility. Where these assessments might identify specific needs that required specialist care, the centre had access as necessary to the relevant allied healthcare services. These included speech and language therapy, dietetics, physiotherapy and occupational therapy, for example. The person in charge confirmed that access to a chiropodist could be arranged by appointment. The inspector reviewed a sample of assessments, such as mobility or ensuring a safe environment, and noted that the related care plans described any required specialist equipment, such as a hoist or frame. The plan also directed the number of staff required to safely provide assistance for movement and transfer. Residents' care plans included a regular review of dental and optical needs; the person in charge was able to provide details of the services that attended the centre to address these needs and notes in care plans reflected these details also. Wound management plans described dressing requirements. The person in charge confirmed the centre had access to the services of a tissue viability nurse through both community and private resources.

Relevant policies were in place on nutrition and hydration that appropriately referenced the assessment and monitoring of residents' nutritional and fluid intake, and also provided guidance on procedures for the recording of this information in resident care plans. Where assessed as necessary, residents had regular nutritional screening and regular weight monitoring on at least a monthly basis. At the time of inspection there were no residents who required specific monitoring in relation to weight loss. Training records, and discussion with members of staff, confirmed that appropriate training was provided in relation to nutrition, diet and the management of dysphagia (swallowing difficulty). Kitchen staff had an information folder for reference that outlined the

particular preferences or needs of individual residents. Residents were seen regularly by their general practitioner (GP) and nursing notes reflected this attendance. The person in charge explained that there was continuous contact and communication with relatives of residents when visiting. A number of visitors spoken with during the inspection remarked positively on the overall quality and standard of care at the centre. Where particular issues around individual care had been raised these had been addressed appropriately by management. Members of healthcare staff were able to demonstrate how they used the care planning system to record details and observations around the provision of care, noting changes in the presentation of residents and referring for advice as appropriate. Communication systems to support staff in their awareness and understanding of residents' changing needs included regular daily handover meetings.

**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:**

There was a site-specific complaints policy and procedure that had been reviewed in January 2017. Summary information on the complaints procedure was displayed for reference in the centre. The complaints process was also outlined in the statement of purpose and as part of the information guide provided for residents. The policy cited relevant legislation and set out the procedure to follow in making a complaint, including how to make a verbal or written complaint, and the expected time frames for resolution. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. The procedure also outlined an internal appeal process and identified the individual with responsibility for oversight of the appeals process in keeping with regulatory requirements. Contact information for the office of the Ombudsman was provided.

A record of concerns, complaints and compliments was maintained. Information was recorded electronically. The inspector discussed these processes with management and confirmed that information was available on the nature of the issues raised and how they were addressed, including any meetings that took place and whether the issue was resolved satisfactorily. This process of managing concerns was reflected in feedback from residents and relatives in questionnaires and discussion. The inspector reviewed a sample of the recorded concerns and noted that information was recorded in as required by the regulations. At the time of inspection any concerns recorded had been resolved

without the need for escalation or referral to appeal.

**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):**

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

**Findings:**

There were policies in place that referenced the rights and entitlements of residents in relation to information, communication and consultation on care plans. Appropriate arrangements were in place to support residents in exercising their rights to vote, and also in facilitating the observance of diverse religious preferences. A priest attended the centre for mass and sacraments on a weekly basis. A signed memorandum of understanding was in place with an independent advocacy service. Contact details for the independent advocate were displayed for reference in the centre.

Arrangements were in place to include residents in a process of consultation and the minutes of regular resident forum meetings were available for reference. Topics discussed at such meetings included food and mealtimes, comfort arrangements and activities. Satisfaction surveys had also been undertaken and a number of questionnaires had been completed and returned. Residents who could were seen to be able to exercise choice around how they spent their day, for example what time they got up, or went to bed, and whether they would choose to take their meal in the dining area or in their room. The inspector observed staff in the conduct of their daily duties and noted that they took time with residents to explain what they were doing. Staff spoken with understood their duties and responsibilities and were able to explain the routines and preferences of individual residents, such as where they liked to sit and the pastimes they enjoyed. Appropriate consideration was given to the privacy of residents and staff were seen to knock before entering a resident's bedroom. Where residents shared a twin room there were screens in place to protect personal privacy. Residents spoken with by the inspector said that they were well cared for, felt safe and that staff were kind. Visitors spoken with by the inspector commented positively on the care their relative was receiving, and in particular for palliative care. Interactions observed throughout the inspection between members of staff, management, residents and visitors were familiar and courteous. Residents' bedrooms were decorated to varying

degrees with personal items such as photographs and memorabilia.

The centre employed four nominated staff with shared responsibility for implementing an activities programme. These staff usually operated on alternate days and resources were also available to support further activities at the weekends. The inspector reviewed the processes and practice in place in relation to social, recreational and therapeutic activities. All residents were assessed on admission around ability and capacity to engage in meaningful activities. Staff were able to demonstrate the broad range of activities provided that were designed to meet diverse needs in relation to physical and cognitive abilities. These included arrangements for music, word and card games, Sonas and exercise time. The inspector met and spoke with a number of residents throughout the centre, and also met with some residents in their rooms. Feedback from these residents was positive around their experience of care at the centre. The inspector discussed arrangements for inclusive care around social activation with the person in charge and members of activity staff. Activity staff maintained records that reflected the participation of residents in the activities provided, and the inspector noted that these records included any activation provided on an individual basis for residents who were unable to participate in group activities, or who remained in their rooms. A member of the activity staff confirmed that all residents received individual pastoral attention on at least a weekly basis. Interactive projects were encouraged and residents had been supported in their engagement with a community funded initiative on the relevance of personal heroes. On the days of inspection there were several residents in bed in their rooms and the person in charge confirmed that, unless unwell, residents were encouraged to get up and participate, to the extent they could, in the daily routine of the centre. It was clear from discussion with members of staff that social stimulation and interaction for residents was part of continuing care and the responsibility of all staff, not an activity confined to a designated schedule.

The layout of the centre provided opportunity for residents to mobilise independently with direct access to secure outside space, paved paths, seating and a water feature. There were several bird feeders outside the bedroom window of a resident who had a particular interest in this past time. The centre was bright with natural light and had been decorated with neutral, calming colours. The main day room was pleasant and bright, with a TV, fish tank and bird cage. An adjoining area had further seating and a piano. The inspector noted that a visitors' policy was in place and that there was a regular attendance of visitors on the days of inspection. Residents had access to TV, radio, papers and a private phone. The centre provided facilities for a hairdresser to attend to residents and, at the time of inspection, arrangements for this service were being arranged privately by residents and their families. There was a separate room where residents could receive visitors in private if they wished, and also a quiet room for prayer or contemplation. The centre had revised practice and policy in relation to the use of closed-circuit television (CCTV) which was now in use only in access areas such as the entrance and corridors.

**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):**

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

**Findings:**

The inspector reviewed the actual and planned staff rota and compared the staffing levels against those set out in the statement of purpose. Management confirmed that any vacancies occurring as a result of staff departures had been replaced and that the centre was actively recruiting for nursing and healthcare staff at the time of inspection. Management confirmed that staffing levels were kept under review and that a bank of staff was maintained to cover unexpected absences. Planned and actual staff rosters set out staffing arrangements that were in keeping with the profile of resident needs, given the design and layout of the centre. Appropriate arrangements were in place to cover the duties of staff on leave. The roster included an additional resource identified as a 'floater' to support staff as required during busier times, such as shift changeover.

Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. A sample of staff files was reviewed that held all the necessary documentation as required by Schedule 2 of the regulations. Management confirmed that all staff and employees of the centre had been Garda vetted in keeping with statutory requirements. At the time of inspection the centre did not engage the services of any volunteers. Management understood the statutory requirements around documentation to be maintained for volunteers.

A system of supervision was in place that included an annual appraisal system. Staff were appropriately managed on a daily basis and a qualified nurse on duty at all times. Additional systems of supervision included security protocols, around medicines for example, and audit procedures. Systems were in place to ensure that staff understood the needs of residents, and communicated any changes effectively. These included daily handover meetings and the regular updating of electronic daily progress notes. The person in charge explained that nominated nursing staff held responsibility for individual care plans and that care in relation to these residents was directed primarily through these nominated staff.

Management confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and fire-safety. An action identified on the previous inspection, in relation to overdue training on infection control, had been addressed; staff

had received current training in this regard. There was an ongoing programme of training to support staff in their provision of contemporary evidence-based care. This programme included the care of residents with dementia, the management of dysphagia (issues with swallowing), end-of-life care and medication management, for example. Staff spoken with were familiar with the standards and were aware of their statutory duties in relation to the general welfare and protection of residents.

**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:***

Mairead Harrington  
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 report<sup>1</sup>

<b>Centre name:</b>	Deerpark House
<b>Centre ID:</b>	OSV-0004452
<b>Date of inspection:</b>	25 & 26/07/2017
<b>Date of response:</b>	18/08/2017

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The annual quality review required further development to fully reflect the requirements of the regulations and the monitoring of quality indicators, such as the occurrence and frequency of falls, or healthcare related infections, for example.

#### 1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

We have undertaken a review of our existing Annual review document as discussed during the inspection.

Proposed Timescale: Complete

**Proposed Timescale:** 18/08/2017

**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:**

The risk register required further development to reflect the controls and measures in place to address the risks specified in the regulations.

**2. Action Required:**

Under Regulation 26(1)(b) 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 risks identified.

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

The risk assessments discussed at Inspection are being addressed and all Staff been advised of same. To be finalised by 21/08/2017

Proposed Timescale: 31st August 2017

**Proposed Timescale:** 31/08/2017

