

**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:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From: 22 October 2016 02:00 To: 22 October 2016 04:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant

Summary of findings from this inspection

Deerpark Nursing home is registered for 30 residential places. Previous inspections have identified that various aspects of the premises did not meet the regulations and national standards. The multi-occupancy bedrooms in particular were not conducive to meeting the needs of residents. On the previous inspection in May 2016 there were significant improvements found in relation to extending the dining room and laundry facilities and building work on the new extension was at an advanced stage. The refurbishment works were due for completion on October 2016 and the provider had recently submitted an application to increase the number of registered places to 33. The purpose of this inspection was to inspect the refurbished premises. The inspector also followed up on the action plans to address non compliances found on the previous inspection.

The inspector found that 11 of the thirteen action plans were completed. Action plans were completed in relation to care plans, oral care, end of life care. Health, safety and risk issues had been addressed and any actions that related to the premises were fully addressed. It was not possible to determine the progress in relation to two outcomes and these issues will be followed up on the next inspection.

The design and layout of the refurbished premises was suitable for 33 residents. The new extension had seven large single rooms, each room has a large en suite with

wheelchair accessible shower facilities. It also had a large foyer for residents use. There was an assisted toilet, a storage room and an admin office as well as additional parking spaces at the front. The extension was designed to create an internal courtyard which provided a secure outdoor area for residents.

The refurbished centre provided an environment which was suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and will meet the needs of the residents.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was reviewed and amended to reflect the accommodation in the reconfigured premises and the new extension. It detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

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:

On the previous inspection the undocumented risk identified related to a slope near an old entrance area. The risk had been assessed and the inspector saw that the controls in place included a non-slip mat and grab rails. This entrance was rarely used and there

were no records of accidents or near misses associated with the slope. The provider discussed plans to graduate the slope when flooring was being replaced in the future.

The inspector saw that the fire exits were all clear and emergency lighting was in place and had been serviced as part of the refurbishment works. Laminated signs were posted at all the fire exits and the provider was awaiting delivery of permanent frames for the signs. The inspector saw documentary evidence that a qualified engineer had inspected the premises at various stages throughout the refurbishment and declared that the construction was in substantial compliance with applicable Building Regulations.

Fire safety was an issue of the previous inspection. The inspector examined the fire safety records and saw that fire drills were now held monthly. The most recent fire drill was held on 1 October 2016. Records of fire drills were significantly improved with the names of staff in attendance and the stages of fire drill clearly documented. The records also included comments from the leader which were used for leaning. Fire drills which simulated day as well as night time conditions were carried out.

Personal evacuation plans (PEEPs) were completed for each resident with an evacuation plan for when the resident was in bed at night and when the resident was up during the day. Evacuation requirements in terms of staff assistance and equipment needs were clearly documented.

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):

Findings:

On this inspection the inspector found a record of all incidents occurring in the designated centre was maintained and where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and within the appropriate timeframe.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Five areas on non-compliance were found on the previous inspection and three action plans were found to be completed.

It was not possible to determine the progress in relation to the other two action plans at the time of inspection.

The inspector examined a sample of care plans and found that residents had care plans in place which directed staff in relation to pain management. The care plans in place for end of life care dealt with the spiritual, physical and emotional aspects of care and reflected the wishes of the resident. Each resident's preferred place for end of life care was documented and single rooms were available for end of life care and for relatives to stay overnight.

Care plans were developed based on the assessment and they were regularly reviewed. There was documentary evidence that relatives and family members, where appropriate were involved in the process of developing and reviewing their care plans. Residents had access to dental services in the community and the inspector noted that residents had care plans in place which were informed by an oral assessment.

There was a new nurse on duty on the afternoon of the inspection and it was not possible to confirm the practices relating to telephone orders for anticoagulant medications. The provider told the inspector that there were no residents who exhibited behaviours that challenge, so it was not possible to determine if the related action plan had been progressed or completed. These issues will be followed up on the next inspection.

Judgment:

Substantially 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):

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

Findings:

Previous inspections have identified that the premises did not meet the regulations and national standards. There was inadequate storage space for linen and equipment. Space in the dining room was very limited. There were a number of multi-occupancy bedrooms which impacted on the privacy and dignity of residents and did not provide adequate wardrobe space or space for residents' personal possessions. On the previous inspection in May 2016 there were significant improvements found in relation to extending the dining room and laundry facilities and building work on the new extension was at an advanced stage.

On this inspection the refurbishment works were completed and there was adequate communal and bedroom space for 33 residents. Bedroom accommodation comprised ten single bedrooms eight of which had full en suite facilities. Ten twin rooms had an en suite toilet and one double room had a full en suite. All the bedrooms had wardrobes and adequate storage space for residents' personal possessions. Residents had access to a locked unit for safe storage in their rooms, a functioning call bell and the screening in the twin rooms provided privacy for residents. The inspector noted that not all the screens in the twin rooms had been reconfigured to provide increased space around the bed areas.

Communal space comprised the main day room, the dining room and the foyer in the new extension. There were four assisted toilets with contrasting blue toilet seats to support the visually impaired and residents with dementia. There were grab rails in all communal areas and bathrooms. The new cleaner's cupboard where cleaning chemicals were stored, could not be accessed by residents. The sluice room had a sluice sink and wash hand basin and clinical waste bin. The sluice room was also accessed by a key code pad. The new extension had an equipment storage room and additional storage space for linen. An administration office and an assisted toilet were provided in the new extension.

The new bedrooms all had an electrical profiling bed a large sliding mirrored wardrobe. The rooms had an individual temperature control device and residents could lock their doors if they wished to do so. Some residents had used their own furniture to personalise their rooms. There was a functioning call bell and accessible lighting in each bedroom.

The extension was designed to provide a secure courtyard which could be freely accessed by residents. The provider planned to lay astro-turf in the courtyard as an enhanced safety measure for residents. The provider had ongoing plans to upgrade the premises. The foundations and external walls were in place for the construction of a new single room and to create en suite facilities for an existing twin room in the future.

The inspector found the refurbished centre provided an environment which was suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose and will meet the needs of 33 residents.

Judgment:
Substantially 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:
In May 2016 the inspectors found the arrangement of furniture around the perimeter of the room did not support staff to engage in social interaction. Less able residents were not provided with reasonable opportunities for social interaction or sensory stimulation.

The provider told the inspector that residents objected when seating was rearranged in clusters. However the new communal area in the foyer offered an alternative sitting area for residents and freed up space in the day room for social engagement. The inspector observed staff interacting socially with residents during the inspection. Staff confirmed that they now spend time with residents in the day room in the morning and the activity persons hours have increased. The activity log showed that an external group had been contracted to provide therapeutic activities on Mondays and the physiotherapist also held chair exercise classes during the week.

The refurbished bedrooms created additional personal space and storage space for personal items and clothing. This action plan was found to be completed.

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:

Mary O'Donnell
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:	22/10/2016
Date of response:	27/10/2016

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 11: Health and Social Care Needs

Theme:

Effective care and support

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

There was a new nurse on duty on the afternoon of the inspection and it was not possible to confirm the practices relating to telephone orders for anticoagulant medications.

The provider told the inspector that there were no residents who exhibited behaviours that challenge, so it was not possible to determine if the related action plan had been

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

progressed or completed. These issues will be followed up on the next inspection.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Telephone orders for anticoagulants are always done Mon-Friday. To confirm our practice, Staff Nurses have been made aware to get 2 people to listen to verbal orders over the phone. Reminder message will be re sent to all nurses on our epiccare system.

Proposed Timescale: 02/11/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The inspector noted that not all the screens in the twin rooms had been reconfigured to provide increased space around the bed areas.

2. 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:

All screens have now be checked, and those that require it, will be reconfigured to provide space around the beds.

Proposed Timescale: 26/12/2016