

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007**



Centre name:	Deerpark Nursing Home
Centre ID:	0222
Centre address:	Lattin Co Tipperary
Telephone number:	062-55121
Email address:	deermairead@gmail.com
Type of centre:	Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public <input type="checkbox"/>
Registered provider:	Deerpark Nursing Home Ltd
Person authorised to act on behalf of the provider:	Mairead Perry
Person in charge:	Helen Stone
Date of inspection:	27 November 2012
Time inspection took place:	Start: 09:45hrs Completion: 20:00hrs
Lead inspector:	Mary Moore
Support inspector(s):	John Greaney
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, in which 11 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint.

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

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input checked="" type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was an unannounced one day inspection and was the third inspection of the centre by the Authority. As part of the monitoring inspection inspectors met with residents and staff members including the Registered Provider and the Person in Charge. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, the fire safety register, policies and procedures and staff files.

Overall the inspection findings were satisfactory. On arrival the centre was organised, residents appeared well, the provider and the person in charge were both on duty and there was an appetising aroma emanating from the main kitchen. Residents

were relaxed and conversant and eager to tell inspectors that their physical and social needs were well met. Both the provider and the person in charge articulated and demonstrated a commitment to regulatory compliance and the provision of safe quality care and services to residents. Improvement was noted since the last inspection and with the exception of challenges posed by the premises actions required from the previous inspection had been fully implemented.

Of the eleven outcomes inspected on this inspection improvements were identified in five, action plans were issued to the provider, the majority of which were required to enhance regulatory compliance and the good practice that was evidenced. However, a significant finding was the failure to facilitate each resident with equitable access to timely and appropriate medical review in line with their needs, a finding that was confirmed by the provider and the person in charge and a situation that was described by them as difficult and challenging.

The inspection findings are set out in the body of the report; the improvements required are set out in the action plan at the end of the report and include:

- access to timely and appropriate medical review
- adequate and robust systems for the review of medications
- adherence to manual handling best practice
- issues in relation to the premises.

Section 41(1)(c) of the Health Act 2007

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

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a signed contract for the provision of services in place for each resident. However, in a sample reviewed inconsistencies were noted. The fee payable by the resident and/or by the state was not at all times specified. Additional services available to the resident over and above the standard services to be provided were itemised but the fees to be charged for these services were not detailed.

Outcome 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

The person in charge has worked in the centre since October 2009. She is suitably qualified and experienced and based on their observations, documentation reviewed and their interaction with the person in charge inspectors were satisfied that she had the required knowledge and competencies to allow her to exercise her role and her professional and regulatory responsibilities to a high standard.

The person in charge works full-time and is present in the centre on average five days per week. She was familiar with the clinical needs of the residents and their individual preferences and choices. She has continued to engage in ongoing professional development and in 2012 completed further education and training in wound care, nutrition, medication management, moving techniques in resident care and basic life support including recently completed training on the use of a defibrillator. While normally working supernumerary she told inspectors that she undertook some clinical duties daily with staff and residents so as to monitor and evaluate the care delivered.

To enhance her understanding of her regulatory responsibilities she had completed a one day programme on regulation and managing the inspection process in March 2012. She had also attended the recent seminar for providers and persons in charge convened by the Authority.

While improvements were identified, the inspection findings overall demonstrate a sound understanding of evidence based nursing practice and regulatory requirements.

Outcome 5

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

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had not been absent from the centre for any duration that would have required notification to the Authority. Both the person in charge and the registered provider worked full-time in the centre; the registered provider is a registered nurse and the nominated key senior manager. The inspector reviewed retrospective staff rosters and saw that suitable arrangements were in place for the routine absence of the person in charge.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

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

Both the provider and the person in charge individually and independently told the inspector that there was no alleged, suspected or reported abuse in the centre since the last inspection. Policies were in place to guide the management of such occurrences. The policies had been reviewed in April 2012 and were signed as read and understood by staff including recently recruited staff.

The provider had as requested by the Authority facilitated further training for staff on the protection of residents. The inspector saw documentation confirming that an external facilitator had delivered the programme to 31 staff in November 2011. Staff spoken with confirmed their attendance at training and had adequate knowledge of the subject and of their responsibilities and reporting relationships. Training for newly recruited staff members was also facilitated as confirmed by a certificate of accredited training completed on 15 November 2012 by one such staff member.

The provider had sought the "Train the Trainer" programme for staff but was unable to secure same.

A policy was in place governing the management of resident's personal accounts and property; the policy reflected practice in the centre. The inspector saw that the provider maintained electronic and manual records of all financial transactions with residents or persons nominated to manage their affairs. Records were also in place and available for inspection of the charges to residents including any extra amounts payable for additional services not covered by these charges and the amounts paid to the provider by or in respect of each resident.

Inspectors found residents to be relaxed and conversant, curious and interested in the work of the inspectors. Residents chatted willingly and openly about their life in the centre and were eager to reassure inspectors that they felt happy and safe in the centre and that staff and the care that they provided were "very good".

Outcome 7

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Overall there was evidence to support that the provider was committed to promoting in so far as was reasonably practicable the health and safety of residents, staff and other persons. However, improvements were identified.

A centre-specific health and safety statement was in place signed as implemented by the provider in March 2011.

A risk register was in place that identified and assessed risks for all areas of work and work practices. The specific risks as identified in the regulations and the measures in place to control those risks were included in the risk register. A concise emergency plan was prominently displayed and folders containing pertinent information on each resident were readily available in the event of an emergency evacuation or a missing resident. The provider had, since the last inspection, invested in a new generator that automatically switched on once the mains power failed.

A record was maintained of each accident and incident; these were reviewed quarterly by the person in charge to identify any patterns and learning required to prevent a reoccurrence.

There was evidence of pro-active fire prevention and safety systems. Records reviewed confirmed that fire fighting equipment was serviced in line with legislative requirements and most recently in March 2012. Certificates were made available to the inspector confirming that the fire detection system was serviced quarterly most recently in October 2012. There were in-house procedures in place for the routine inspection and maintenance of the emergency lighting, escape routes, fire detection and fire fighting equipment and the generator. Training records reviewed indicated that all staff attended fire training annually facilitated by an external fire safety company most recently in August 2012. Fire drills were also convened monthly and these were scheduled to reflect times of differing activity and staffing levels including nighttime. Staff spoken with had an adequate understanding of actions to be taken in the event of fire including the possible requirement to evacuate residents to a safe location. There was a lack of clarity, however, amongst staff spoken with in relation to the evacuation of dependent residents. Staff were unsure if it was possible to bed-evacuate all residents. In the event that it was not, assistive equipment for the safety of staff and residents such as ski-sheets or ski-pads were not available.

Training records indicated that all staff had attended manual handling training in August 2012. Training was facilitated by the person in charge and the registered provider both of whom held the required qualification to undertake manual handling instruction. Inspectors also saw that staff were provided with contemporary equipment such as standing hoists and flat system sliding sheets to allow them to

undertake safe manual handling manoeuvres. However, inspectors observed staff to undertake unsafe and outdated manual handling practices with residents such as underarm lifts while other staff described unsafe total body "top and tail" lifts to transfer a resident from bed to chair. A sample of resident's manual handling plans reviewed did not reference the use of manual handling devices so as to reduce the manual handling risk for both staff and the resident.

A policy was in place and risk assessments were completed in August and September 2012 for each resident who smoked. The risk assessments established the level of risk and the controls in place to manage the risk such as the restriction of smoking materials for the safety of the resident and others; inspectors saw that these were implemented in practice. There was a lack of clarity, however, in policy and practice in relation to the level of supervision and observation required while the resident was in the smoking room. One resident assessed as requiring staff supervision was seen by inspectors to smoke unsupervised in the smoking room.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

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

There was evidence that the person in charge implemented good medication management practice that was in line with regulatory body guidelines. Practice was governed by a comprehensive medication management policy that included the practice of transcribing and the management of *pro-re-nata*, PRN medications (medication that is not scheduled or required on a regular basis). Each resident's prescription sheet and medication administration record was in substantial compliance with current regulations, guidelines and legislative requirements. The person in charge audited medication management practices on a quarterly basis and the positive audit findings would concur with the inspection findings.

The inspector saw that the centre had a good working relationship with the pharmacy in relation to the supply of medication and seven of the ten staff nurses currently employed had attended education provided by the pharmacist in June 2012.

However, despite the good practice evidenced there was evidence that all residents' medication regimes were not reviewed on a regular and timely basis and this is dealt with in outcome 11 of the report.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had a sound understanding of her regulatory responsibility to notify the Authority of the occurrence in the centre of certain incidents. Based on the records reviewed on inspection and notifications submitted to the Authority the inspector was satisfied that the person in charge had fully exercised her regulatory responsibility in relation to these matters. The submission of nil returns on a quarterly basis was clarified on inspection.

Comprehensive records were maintained of all accidents and incidents. The records reviewed satisfied regulatory requirements as to the documentation of accidents as specified in Schedule 3.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

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

Inspection findings

There was evidence of the understanding of the requirement for, the purpose of and the implementation of systems for monitoring and improving upon the care and services provided to residents on an ongoing basis. Since the last inspection the person in charge had completed and repeated simple but constructive audits on areas such as nutrition, the use of restraint, medication management, wound management, falls, complaints management and staff training requirements. The findings of each audit were evaluated and where improvements were identified such as dietetic referral or further staff training the inspector saw that these were implemented in practice.

The review process incorporated consultation with residents or where appropriate their responsible family member. Twenty five residents were consulted with and provided feedback on their daily routines in March 2012. The responses reviewed were positive and indicated that the residents continued to exert personal choices and preferences and this feedback was used to inform routines such as the delivery of activities.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

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

Inspection findings

There was evidence to support that each resident's health and wellbeing was maintained by a good standard of evidenced-based nursing practice; however, this was potentially compromised by the provider's failure to ensure that equitable access to timely and appropriate healthcare was facilitated for each resident.

Each resident had a computerised individualised plan of care. The inspector reviewed four care plans. Each care plan was supported by a suite of evidence-based assessment tools to measure dependency levels, nutritional status, risk of falls, risk of pressure sore development and cognitive ability. Assessments that had established risk had a supporting plan of preventative care. Assessments and plans of care were re-evaluated by nursing staff on a three monthly basis. Planned interventions were largely seen to be implemented in practice. The person in charge was very familiar with and knowledgeable of resident's needs, their planned care and treatment regimes. Residents looked well, reported keeping well and nursing staffs' knowledge of them meant that they were very attuned and responsive to any changes evidenced.

Staff had access to an evidence-based nutrition folder and the inspector saw that each resident's weight, body mass index and MUST (Malnutrition Universal Screening Tool) score was computed monthly. Residents' weights were stable with the majority of residents not demonstrating nutritional risk or concerning weight loss.

A physiotherapist attended twice weekly and was seen to undertake passive and active exercise with residents. Nursing staff also said that he attended to residents with acute needs such as a respiratory tract infection.

The person in charge had implemented national best practice guidelines on wound prevention and management. Care reviewed was evidence-based with preventative equipment, wound assessments, care plans, progress notes and dated photographic evidence in place. There was one reported wound and this was managed in conjunction with tissue viability services. Referral to other specialist health services such as the dietician, psychiatry of old age, optical and general medical and surgical services was also evidenced. A contract had recently been agreed with a service provider to provide dental review and treatment to the residents in the centre. Referral/discharge letters were available outlining prescribed care and treatments and these were integrated into the nursing plan of care. There was evidence of current blood profiling as an adjunct to maintaining and monitoring residents' wellbeing.

The use of restraint was minimal, monitored on a quarterly basis by the person in charge and supported by an evidence-based risk assessment tool. The inspector saw

that the risk assessment tool was clearly understood and correctly utilised and where a risk was identified the restraint (bedrail) was not implemented.

Two care staff had designated duties in relation to facilitating meaningful and purposeful occupation for residents. Inspectors were satisfied that the programme was very much influenced by resident's preferences and choices some of whom did not enjoy structured or group activities and clearly articulated this in a recent survey. An activity was available daily and mass was said weekly. Staff spoken with had a good understanding of resident's individual preferences and confirmed that a daily schedule was in place but was influenced by resident preferences on the day. The provider was informed as to recent developments and theories in this area.

Inspectors saw that residents were encouraged to remain independent and mobile and the incidence of falls was not of concern. Falls were monitored quarterly and potential antecedents were identified. However, the inspector was not satisfied that this information was actually incorporated into the falls prevention care plan; neither were preventative strategies as outlined in the falls prevention policy and the risk assessment tool. For example, the inspector saw that the falls risk assessment was not re-evaluated after each fall and the falls risk identifying sticker was not used in practice. Preventative interventions that were outlined were somewhat generic and did not clearly demonstrate how they protected that resident from further falls and injury. Some planned interventions such as physiotherapy support and monitoring of vital signs were evidenced.

Policy and procedures were in place outlining the information to be provided when a resident was temporarily transferred or discharged from the centre. However, inspectors were not satisfied based on records reviewed that all relevant information and accurate information about the resident was exchanged at all times.

Of concern to inspectors was, on review of resident's medical notes, the daily nursing progress notes and medication prescription sheets evidence that all residents did not have access to timely and appropriate medical care in line with their established and changing needs. The inspector reviewed the medical records of seven residents and saw that on occasion intervals of seven, eight, sixteen and twenty months elapsed between documented medical reviews. Three of the seven residents had current and regular medical reviews. It was of significant concern to inspectors that nursing staff based on their professional judgement had requested medical review for a resident twice in the 13 days prior to the inspection and this had not been facilitated. These findings were confirmed by the provider and the person in charge who described the situation as difficult and challenging for nursing staff.

In line with these findings inspectors were not satisfied that adequate and robust systems were in place for the timely monitoring and review of residents' medication regimes as outlined in local policy and in the *National Quality Standards for Residential Care Settings for Older People in Ireland* to ensure that each resident benefited from their medication. This was confirmed by nursing staff spoken with.

Outcome 12

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

References:

Regulation 19: Premises

Standard 25: Physical Environment

Action(s) required from previous inspection:

Provide appropriate, safe and accessible storage facilities for equipment.

Ensure there is adequate dining space provided separate from the resident's private accommodation.

Inspection findings

This inspection was unannounced and inspectors found the centre adequately heated, lighted and ventilated, and in good decorative order. There was evidence that systems and personnel were in place for the ongoing maintenance of the environment; a bedroom was being redecorated on the day of inspection.

Residents including those requiring mobility aids and wheelchairs were seen to negotiate the environment without difficulty. The premises was safe and secure with high risk areas such as the kitchen and sluice room and external exits electronically secured.

Residents had a choice of three communal areas including the quiet room/visitors room and were seen to alternate their presence in these. However, the existing dining room was not sufficient to accommodate the needs of the number of residents living in the centre. A separate dining table was required in the main communal area and several residents took their meals where they were seated and bed-tables were used to facilitate this. While the provider stated that many residents choose this option ultimately the available dining space is inadequate. The provider has plans for the extension and development of the service and told inspectors that she plans to proceed with these pending a positive planning decision.

Residents had access to a functioning call bell system that staff responded to promptly.

The provider had addressed the provision of a sufficient number of universally accessible toilets and showers given the number of dependent persons in the centre.

A competent person had serviced equipment such as resident lifting aids, beds, the seated weighing scales, wheelchairs and nebulizers in June 2012.

A designated smoking room for residents was provided. It was ventilated to the external air; mechanically ventilated and appropriate fire fighting equipment was available in the room. A protective "smoking apron" was also in place though currently not in use.

The premises was visibly clean and adequate supplies of soap, disposable hand towels, alcohol hand gel, personal protective equipment, bed linen and disposable incontinence wear was available. However, while the provider and the person in charge confirmed that there had been no outbreak of any infectious disease; improvements were required in infection prevention and control processes. A bed pan washer was in place but not operational and staff reported that it was not working properly for the past four to six weeks. While the environmental hygiene policy addressed the implementation of a colour-coded system of cleaning and staff spoken with described a colour-coded system of cleaning, the systems described were not congruent and neither system was implemented in practice. The cleaning trolley was inappropriately stored in the sluice room. One receptacle used for incontinence wear did not have a pedal operated opening.

There was limited storage available for equipment. While the provider had addressed this issue in so far as the available space allowed the issue of inadequate storage still presented difficulties. For example, a compact area adjacent to the laundry was used to store laundry equipment, staff lockers, wheelchairs and hoists; the inspector saw that staff manoeuvred hoists into and out of this area with some difficulty.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

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

Inspection findings

There was evidence of robust recruitment practice. The inspector reviewed a sample of staff files and found them to be well maintained and substantially compliant with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The provider was, however, accepting self-declarations of mental and physical fitness on a routine rather than exceptional basis. One staff file did not contain a *curriculum vitae*.

On the day of inspection the person in charge was the only nurse on duty until late afternoon due to the absence on sick leave of one staff member. The person in charge confirmed, however, that two staff nurses were normally rostered daily Monday to Friday until 16:00hrs; the provider who is also a registered nurse is also present daily in the centre. The design and layout of the premises is compact and easily supervised. Based on their observations, staff and residents spoken with, and staff rosters reviewed inspectors were satisfied that the staff numbers and skill mix were appropriate to the assessed needs of the residents and the design and layout of the building. Both the provider and the person in charge were visible and accessible to staff and residents and actively involved in the administration and operational management of the service.

Electronic records were maintained of training completed by each staff member. The inspector reviewed the records for 2012 and saw that staff had attended mandatory training including fire safety and manual handling in line with legislative requirements. Staff had also completed education and training that allowed them to respond to and meet the needs of the resident in line with contemporary evidence-based standards including nutrition, medication management, wound prevention and treatment and basic life support. Two staff had recently completed specific Further Education and Awards Council (FETAC) modules on care of the older person.

There was a policy and procedure in place for the annual appraisal of all staff. However, the inspector saw and the person in charge confirmed that only 11 of the 31 staff employed had appraisals completed.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, provider, person in charge and staff during the inspection.

Report compiled by:

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

30 November 2012

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Deerpark Nursing Home
Centre ID:	0222
Date of inspection:	27 November 2012
Date of response:	17 December 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

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

The fee payable by the resident and/or by the state was not at all times specified in the contract.

The fee payable for services over and above the standard services provided was not detailed in the contract.

Action required:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged for all services provided.

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

Reference:

Health Act, 2007
 Regulation 28: Contract for the Provision of Services
 Standard 1: Information
 Standard 7: Contract/Statement of Terms and Conditions

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

Timescale:

Provider's response:

New contracts of care have now been re-written with all relevant information including fees to be charged for services provided has been specified and majority have now been signed.

31 March 2013

Theme: Safe care and support

Outcome 7: Health and safety and risk management

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

There was a lack of clarity amongst staff spoken with in relation to the evacuation of dependent residents. Assistive equipment for the safety of staff and residents such as ski-sheets or ski-pads were not available.

Inspectors observed staff and staff described unsafe and outdated manual handling practices with residents.

Clarity was required in policy and practice as to the level of staff supervision required by residents who smoked.

Action required:

Ensure that adequate arrangements are in place for the safe and efficient evacuation of residents in the event of fire including the provision of appropriate assistive devices in line with the resident's level of dependency and available staffing levels.

Ensure that staff are familiar with the use of the assistive devices and the use of the equipment is referenced in the evacuation plan.

Action required:

Review the manual handling assessments and care plans of residents in line with their needs and current best practice in manual handling. Ensure that all staff at all times for the residents and their comfort and safety, adhere to the instructions outlined in the manual handling plans.

Action required:

Review the policy on the safe management of tobacco consumption by residents. Policy will be clear as to how and what level of supervision and observation is required by each resident; this is reflected in the risk assessment and implemented in practice. The risk assessment clearly outlines the responsible staff member.

Reference:

Health Act, 2007
 Regulation 31: Risk Management Procedures
 Regulation 32: Fire Precautions and Records
 Standard 26: Health and Safety
 Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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Provider's response:

We have ordered assistive equipment for the safe evacuation of residents, awaiting delivery of same.

All staff have up to date mandatory manual handling training. All staff have been spoken with in regard to unsafe and outdated practices. Anyone requiring further updates will be facilitated.

The smoking policy has now been amended to reflect practice.

Manual handling assessments have now been updated and reflected in the resident's care plan.

31 January 2013

Theme: Effective care and support
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Outcome 11: Health and social care needs

The provider and person in charge are failing to comply with a regulatory requirement in the following respect:

All residents did not have access to timely and appropriate medical care in line with their established and changing needs.

Inspectors were not satisfied that adequate and robust systems were in place for the timely monitoring and review of residents medication regimes.

Falls prevention strategies as outlined in audits, in the falls prevention policy and the risk assessment tool were not incorporated into the resident's plan of care.

Inspectors were not satisfied based on records reviewed that all relevant information and accurate information about the resident was exchanged at all times.

Action required:	
The provider shall ensure that equitable access to timely and appropriate medical care by a medical practitioner is facilitated for each resident so that each resident is supported on an individual basis to achieve and enjoy the best possible health.	
Action required:	
The provider shall ensure that each resident benefits from his/her medication to maintain their health and quality of life. The provider shall ensure that the resident by virtue of adequate, timely and regular review or assessment does not suffer unnecessarily from excessive, unrequired, inappropriate or inadequate medication treatment regimes.	
Action required:	
The person in charge will ensure that all staff are familiar with, adhere to and implement the centre-specific, evidence-based falls prevention and management programme. Person-centred and evidence based interventions and plans of care aimed at preventing residents being harmed or sustaining injury or being placed at unnecessary risk of accident and injury are in place.	
Action required:	
The person in charge shall ensure that there is clear policy and procedure to ensure that all relevant information about each resident who is temporarily absent from the designated centre for treatment at another designated centre, hospital or other place, is provided to the receiving designated centre, hospital or other place.	
Reference:	
<ul style="list-style-type: none"> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Regulation 9: Health Care Regulation 29: Temporary Absence and Discharge of Residents Standard 10: Assessment Standard 13: Healthcare Standard 15: Medication Monitoring and Review Standard 11: The Resident's Care Plan 	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents have now had GP reviews, all GPs are now aware of the importance of three monthly reviews and have agreed to facilitate us.	Immediate.

<p>The falls risk assessment of residents and falls audit (three monthly) have now been linked to the resident's care plan.</p> <p>All staff nurses have now been made aware of how to save transfer notes for future references.</p>	
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Outcome 12: Safe and suitable premises

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

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

Improvements were required in infection prevention and control processes.

Action required:

Ensure there is adequate dining space provided separate from the resident's private accommodation.

Action required:

Ensure that all staff receive education and training on the risks of infection commensurate with their work activities and that they implement on a daily basis policy and practices consistent with current national guidelines on infection prevention and control.

Action required:

Maintain the equipment including sluicing equipment for use by people who work at the designated centre in good working order.

Action required:

Provide appropriate, safe and accessible storage facilities for equipment.

Action required:

Provide appropriate and safe storage for environmental hygiene equipment in line with infection prevention and control guidelines and regulatory guidance.

Reference:

Health Act, 2007
 Regulation 19: Premises
 Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Dining space will be increased with the new build.</p> <p>Equipment store included in the new build.</p> <p>Bedpan washer has now been fixed and is in good working order.</p> <p>Cleaners equipment: we are waiting for An Bord Pleanala 18 December 2012 for planning permission. If agreed we will commence new cleaners storage immediately. If permission is not forthcoming we will buy temporary structure to facilitate.</p> <p>In relation to infection prevention and control processes, relevant staff have now been reminded of best practice updated courses to be sourced in the new year.</p>	<p>31 December 2015</p> <p>Completed.</p>

Theme: Workforce

Outcome 18: Suitable staffing

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

The provider was accepting self-declarations of mental and physical fitness on a routine rather than exceptional basis.

One staff file did not contain a *curriculum vitae*.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person. A self declaration of fitness is accepted only where it is impracticable for the person to obtain such evidence.

Action required:

Implement a robust staff appraisal. Each staff member is informed of their progress and has an opportunity to rectify limitations and develop capabilities and strengths.

Reference:

- Health Act, 2007
- Regulation 18: Recruitment
- Regulation 17: Training and Staff Development

Standard 24: Training and Supervision
Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff have been provided with letters for their GP to sign to prove that they are mentally and physically fit for work.</p> <p>Appraisals are ongoing and we have now completed 20 of 31 and we are actively trying to complete same</p> <p>We have advised all staff to provide a CV or employment history as soon as possible.</p> <p>We are now in the process of developing an induction package for new employees which will incorporate the collection of relevant information and documentation.</p>	<p>31 July 2013</p>

Any comments the provider may wish to make¹:

Provider's response:

We were very satisfied with the inspection process. We felt it was fair, informative and inspectors were courteous to staff and residents. We were given ample opportunity to discuss the outcomes during the day, which will lead us to improve our facility.

Provider's name: Mairead Perry

Date: 17 December 2012

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