

**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>	0221
<b>Centre address:</b>	Seafield
	Bantry
	Co Cork
<b>Telephone number:</b>	027-52711
<b>Email address:</b>	info@deerparkhouse.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Dermot Murphy & Patricia Kelleher Murphy Partnership T/A Deerpark House
<b>Person authorised to act on behalf of the provider:</b>	Patricia Kelleher Murphy
<b>Person in charge:</b>	Karina Sunga
<b>Date of inspection:</b>	31 July 2013
<b>Time inspection took place:</b>	<b>Start:</b> 08:20hrs <b>Completion:</b> 16:20hrs
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	N/A
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	44
<b>Number of vacancies on the date of inspection:</b>	6

## About monitoring of compliance

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

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

Regulation has two aspects:

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

This inspection report sets out the findings of a monitoring inspection, in which 13 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.

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

This inspection was unannounced and took place over one day. This inspection report sets out the findings of a monitoring inspection, in which 13 outcomes were inspected against. The most recent inspection of 7 June 2013 resulted in the issuing of nine actions. During this inspection of 31 July 2013, the inspector noted that progress had been made on all nine actions. The inspector met with residents, the provider and staff members.

The inspector observed practices and reviewed documentation such as residents' contracts of care, medication management practices, care plans, medical records, accident logs, policies and procedures, complaints log and menus.

The provider is also the person in charge (PIC) and is supported in her role by a key senior manager (KSM). Throughout the inspection the provider/PIC exhibited a commitment to continuous improvement, which resulted in positive outcomes for the residents. On the day of inspection, the inspector was satisfied that the nursing and other healthcare needs of residents were met.

The action plan at the end of this report identifies where some improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

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

**Theme: Leadership, Governance 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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector reviewed a sample of the residents' contracts of care and found that each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged.

**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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The provider/PIC was supported in her role by a KSM, the home manager and the care manager. The centre was run under a partnership comprising two directors, one being the PIC. Nurses, care and ancillary staff reported to the PIC.

Residents and staff informed the inspector that the provider/PIC and KSM had a daily presence in the centre and were available to answer any queries or concerns. There was evidence that the provider/PIC held frequent staff meetings. Staff, spoken with by the inspector were aware of the reporting relationships. The provider/PIC displayed competence and commitment to the delivery of person-centred care and there was evidence that she had completed post graduate training and attended a range of study days on a regular basis.

**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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

There had been no period when the provider/PIC was absent from the designated centre. The provider/PIC informed the inspector that the KSM was the identified person to take charge in the event that the provider/PIC was absent from the centre.

**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

**Actions required from previous inspection:**

Revise the procedures in place for response to abuse and ensure they are sufficiently detailed and comprehensive to effectively guide staff and management appropriately.

The registered provider shall ensure that the centre has a written operational policy relating to use of CCTV.

Review the use of the CCTV camera in the communal day room in order to ensure that residents are provided with privacy, insofar as is reasonable practicable, to the extent that the resident is able to undertake personal activities in private.

**Actions completed.****Inspection findings**

The centre had an up-to-date policy on the prevention, detection and response to abuse. There was evidence that staff had received training in the prevention of elder abuse and staff spoken with by the inspector knew what to do in the event of an allegation of abuse being made.

There were clear systems in place to safeguard residents' monies and of the sample of accounts reviewed by an inspector, all contained clear information about the residents' finances. The practices concurred with the centre's up to date policies on residents' finances and property.

Residents spoken with by the inspector stated they felt safe in the centre and could talk to the PIC, the provider or any of the staff.

### **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

#### **Actions required from previous inspection:**

Ensure that the risk management policy and procedures detail the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident, assault, accidental injury to residents or staff, aggression and violence, self-harm.  
Review and update the designated centre's policies and procedures.

Ensure cleaning equipment provided for use by staff in the centre is correctly stored to prevent cross infection.

#### **Actions completed.**

### **Inspection findings**

The centre had a health and safety policy and statement dated 25 April 2013.

There were procedures in place for the prevention and control of infection. Hand gels, disposable gloves and aprons were appropriately located within the centre. There was ample provision of staff hand washing facilities. Clinical waste and containers for used sharps and needles were stored in a secure manner and there was an arrangement in place for the collection of clinical waste. Staff were observed wearing protective protective equipment (PPE) when engaging in personal care or housekeeping practices. Housekeeping staff were well informed in regard to procedures on cleaning residents' bedrooms and en suites. A colour coded housekeeping system was in use. The inspector viewed method statements outlining the procedures for housekeeping staff to apply when cleaning the residents' bedrooms/en suites and other areas within the centre and noted that procedures were complied with. The inspector noted that the level of cleanliness and housekeeping, decor and furnishings were of a very high standard.

The inspector reviewed the risk management policy and noted that it was up to date. The provider/PIC confirmed that she was currently reviewing and updating the risk management policy and reviewing the current layout of the risk register. The specific risks as outlined in Regulation 31 relating to the unexplained absence of a resident, assault, accidental injury to residents or staff, aggression and violence, and self-harm were identified and there were measures in place to address each of these risks. The provider/PIC informed the inspector that the arrangements in place for investigation and learning from serious incidents and adverse events involving residents included staff meetings, management meetings and at the daily report with staff. The centre had an up-to-date policy with regard to these arrangements.

The inspector viewed the emergency plan and noted that there were arrangements in place for responding to emergencies and a location identified for safe placement of residents, in the event of an evacuation.

The inspector noted that reasonable measures were in place to prevent accidents (hand-rails, grab rails, safe floor covering). There was a functioning call-bell in operation.

There was evidence that staff were trained in the moving and handling of residents.

Suitable fire equipment was provided. All fire exits were unobstructed. A procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed. Fire records reviewed by the inspector, confirmed that the fire alarm and fire safety equipment was serviced on a regular basis and that fire drills took place regularly. The inspector noted that arrangements were in place for reviewing fire precautions.

A visitor's sign in/out book was readily accessible at the front door. There was evidence that persons entering and leaving the centre signed the book.

<p><b>Outcome 8</b> <i>Each resident is protected by the designated centres' policies and procedures for medication management.</i></p>
<p><b>References:</b> Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>
<p><b>Actions required from previous inspection:</b></p> <p>Put in place appropriate and suitable practices and written operational policies relating to the administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p> <p><b>Action completed.</b></p>



## Inspection findings

The inspector reviewed the centre's policy on medication management relating to the ordering, prescribing, storing and administration of medicine to residents, and noted that it was up to date and signed as having been read by staff.

The inspector reviewed a number of medication prescription charts and noted that the maximum dose of medications prescribed on a PRN basis, was not documented in a number of medication administration charts.

There was documentary evidence on residents' medical notes that indicated that residents' medication was reviewed by the GP on a weekly/monthly basis. There was evidence of ongoing review of residents prescribed psychotropic medications and of how the combined approach of the GP and the nursing staff resulted in residents' medications being decreased or discontinued.

There was a facility in place for the safe storage of scheduled controlled drugs. The inspector reviewed the controlled drug register and with a staff nurse, carried out a spot check on three controlled drugs (MDAs) and found that the totals corresponded. The controlled drugs were stored in a designated locked metal cabinet.

The inspector noted an adherence to appropriate medication administration practices in line with An Bord Altranais agus Cnaimhseachais na hEireann guidelines on medication management. The inspector noted that the centre had engaged the services of an external pharmacy to dispense a pre-packaged monitored dosage system for administration of medications to residents. The inspector saw evidence of secure storage and records of unused medication and the staff nurse informed the inspector that the external pharmacy supplier collected these medications on a regular basis.

The fridge containing medication was located in a secure general purpose room. There was evidence that the temperature of the fridge was monitored daily.

The provider/PIC stated that residents, once assessed, could be responsible for their own medications. A lockable facility, inbuilt in the bedside locker, was provided for the residents to store medicinal products in their own bedrooms. The centre had a policy to support this arrangement. The provider/PIC stated that currently, no resident self administered medications.

### **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

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector noted that there was a record maintained of incidents that had occurred in the centre and that this record concurred with the notifications forwarded to the Authority. Notifications to the Authority were forwarded within the required timeframes.

**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

**Actions required from previous inspection:**

Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

**Action completed.****Inspection findings**

There was evidence that appropriate clinical and social assessments regarding residents were carried out monthly and as required. The provider/PIC stated that informal review was ongoing and any information/feedback from residents and relatives was acted upon. The inspector met with the home manager/residents' advocate who provided evidence of how feedback from residents was acted upon. It was evident that information garnered from residents' clinical and environmental assessments, was used to inform practice; for example, one resident had an issue with the volume of the music and there was evidence that this was addressed.

The inspector noted that a programme for audit, bench marked against the Standards, had been developed. Audits to date included falls and infection control.

Residents articulated to the inspector their satisfaction with the services provided.

### **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

### **Actions required from previous inspection:**

No actions were required from the previous inspection.

## **Inspection findings**

The centre used a computerised care planning programme, and with a staff nurse, the inspector reviewed a sample of care plans. The inspector found that residents had timely access to general practitioner (GP) services and appropriate treatment and therapies. There was evidence of referral to specialist/allied health care services, particularly for residents with diverse needs and co-existing complex medical conditions. These included access to dental, optical, speech and language therapy (SALT), psychiatry, occupational therapy, chiropody and dietetic services, specialist palliative care services, specialist surgical and medical clinics and tissue viability advice for wounds.

Residents' personal details, medical notes, laboratory reports, records of consents and contracts of care were maintained in separate folders.

A nurses' record was completed daily for all residents.

There was evidence that residents' care plans were reviewed monthly and there was evidence that any deviations from planned care were easily identified. The care plans were person centred, individualised and clearly illustrated the care to be given. There was evidence that care plans were reviewed with residents and/or their relatives. All hard copy records pertinent to the residents were maintained in an orderly fashion.

The inspector reviewed the care plans of residents on whom restraint was used. There was documented evidence to reflect that:

- the risks involved, if restraint was not used, outweighed the risks of using a restraint
- interventions in the care plan for maintaining a safe environment regarding the level of resident supervision required
- documentation of when bedrails were being used at the request of the resident
- there was evidence of regular checks of residents on whom restraint was used.

The centre had an in-house manual handling trainer. There was evidence that staff had attended regular training on manual handling techniques.

The inspector reviewed the care plans and risk assessments of residents who smoked and there was evidence that the care plan was done in consultation with the resident where possible, and/or their relative. Residents, who were assessed as requiring supervision while smoking, were supervised by staff. Staff were able to view the external smoking room. Appropriate fire safety equipment was located adjacent the smoking room.

There was evidence that residents were weighed regularly and any concerns regarding weight loss/gain was communicated to and subsequently addressed by the GP. The inspector reviewed the menu on offer and noted that a choice was available and alternative options were available on request. Residents spoken with by the inspector stated that they enjoyed the food and that they could request any food of their choice. The inspector noted that meals were presented in an appetising manner and noted staff assisting residents, particularly residents with a cognitive impairment, in a respectful and discreet manner.

It was evident that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs interests and capacities. The inspector met with the activities coordinator who was also the advocate and home manager. She was up to date on residents' capacity for, and interest in, different activities. Individual sessions were held with residents who were unable to attend an activity in the day rooms. The inspector saw evidence of this. It was evident that a number of activities ran concurrently. The inspector reviewed the programme which included a broad range of activities such as exercise classes, hairdresser, Sonas (a therapeutic communication activity), one to one sessions, movies, live music sessions, arts and crafts, walks, outings and religious ceremonies. The inspector observed some of the activities in progress during the inspection.

It was evident that routines, practices and facilities maximised residents' independence and that the centre was managed in a way that maximised residents' capacity to exercise personal autonomy and choice. The inspector noted that residents received care in a dignified way that respected their privacy at all times. Residents had access to telephone facilities, television and newspapers and information on local events. The centre operated an open visiting policy.

Staff spoken with by the inspector were knowledgeable about residents' health and social care needs.

The inspector noted that the centre promoted continence programmes for residents.

The centre had an up-to-date policy on challenging behaviour which described efforts made to identify and alleviate the underlying causes of behaviour that was challenging. Staff training records indicated that staff had attended training in dealing with challenging behaviours. The centre had an in-house staff member trained to facilitate training in crisis intervention and on managing behaviours that challenge. The inspector reviewed the documentation pertinent to a resident who exhibited challenging behaviours and noted that a care plan had not been devised for the resident. The inspector noted that incidents of challenging behaviour concerning the resident were recorded in the nurses' notes stating the date, time and type of behaviour. A detailed care plan was submitted to the Authority subsequent to the inspection.

The inspector reviewed the incident book and the residents' care plans on the computerised care planning system and noted that while residents who sustained a fall (witnessed or unwitnessed) were observed and reviewed, it was not evident that full neurological observations were carried out on residents who sustained a head injury. There was evidence that residents who sustained falls were medically reviewed in a timely manner. There was evidence that a resident who sustained a number of falls was reviewed and a decision was taken to provide a low-low bed for the resident.

The provider/PIC stated that three residents were in receipt of treatment for a wound. The inspector saw evidence of appropriate ongoing assessment, review, treatment and progress of the wounds.

While there was evidence in residents' care plans that all relevant information about the resident was provided and received when the resident was being admitted or transferred from another healthcare setting, the inspector noted that a pre admission assessment was not always carried out on residents.

The privacy, dignity and confidentiality of all residents were safeguarded in that information and documentation pertinent to residents was stored in a safe manner.

**Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

*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.*

**References:**

Regulation 39: Complaints Procedures

Standard 6: Complaints

**Action required from previous inspection:**

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

**Action completed.****Inspection findings**

The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place. The PIC was the nominated person to deal with complaints and the provider was the nominated person to ensure that all complaints were appropriately responded to. The advocate was the named independent appeals person. Residents spoken with by an inspector stated that they could raise any issue or concern with the provider, PIC or staff.

There was evidence that a record of complaints was maintained, including the details of the complaint, the results of any investigations, any actions taken and whether or not the resident was satisfied with the outcome of the complaint.

**Outcome 15**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The residents' dining rooms were bright and spacious and the inspector noted that the residents' dining experience was a relaxed social occasion. The provider/PIC informed the inspector that residents could choose to have their meal in the dining room or in their room. Residents who required assistance at meal time were accommodated in one dining room and residents who did not require assistance, dined in the other dining room. The inspector observed staff offering assistance to residents in a respectful way. Meals, in sufficient portions, were presented in an appetising manner. The inspector reviewed a sample of menus and noted that a good choice was available and alternative options were available on request. Residents spoken with by the inspector stated how they enjoyed the food and that they could ask for anything they wanted. Fresh water/drinks were readily available to residents.

There was an up-to-date policy on food safety and on nutrition, signed as read by staff.

**Outcome 17**

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

**References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

**Actions required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector noted that adequate space was provided for residents' personal possessions. Residents could appropriately use and store their own clothes. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes. It was evident to the inspector that all residents clothing was labelled.

Residents' bedrooms were personalised with belongings. Storage space was adequate and lockable storage was provided.

However, the inspector noted that an updated inventory of each resident's personal property, signed by the resident or their family, was not maintained.

**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

**Actions required from previous inspection:**

Put in place recruitment procedures to ensure no staff member is employed unless the person has full and satisfactory information and documents specified in Schedule 2 including birth certificates, have been obtained in respect of each person.

**Action not reviewed on this inspection.**

**Inspection findings**

The inspector noted that the numbers of staff on duty on the day, evening and night shifts met the assessed needs of residents. There were appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. On the day of inspection, the assessed dependency levels of the residents were as follows:

- low dependency                      4 residents
- medium dependency                22 residents
- high dependency                    18 residents.



A comprehensive staff training plan for 2013 indicated that that staff had up-to-date mandatory training and access to a broad range of education and training to meet the needs of residents in for example; nutrition, first aid, food hygiene, falls management, venepuncture, wound care and end-of-life care. The centre had two activities coordinators, a staff member trained as a manual handling instructor, staff trained as trainers/facilitators in managing persons exhibiting challenging behaviours, a trained advocate and a trained health and safety supervisor. The inspector saw evidence of this training.

On the day of inspection, the inspector noted that staff were supervised on an appropriate basis. The inspector viewed the actual staff rota, showing staff on duty at any time during the day and night.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider/PIC to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents and staff during the inspection.

### ***Report compiled by:***

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

1 August 2013

Action Plan

Provider's response to inspection report \*

Centre Name:	Deerpark House
Centre ID:	0221
Date of inspection:	31 July 2013
Date of response:	15 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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: Safe care and support

***Outcome 8: Medication management***

**The provider/person in charge is failing to comply with a regulatory requirement in the following respect:**

The maximum dose of medications prescribed on a PRN basis, was not documented in a number of medication administration charts.

**Action required:**

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We have contacted the pharmacy and the GPs with regard to documenting the maximum dose of all medications prescribed on a PRN basis.  We have commenced a medication stock control record.	Completed

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

<b>The provider/person in charge is failing to comply with a regulatory requirement in the following respect:</b>  There was no documented procedure for observing and monitoring residents who sustained a fall and it was not evident that neurological observations were performed on residents who sustained a head injury.
<b>Action required:</b>  Ensure consistent recording of neurological observations of residents who sustain a head injury.
<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare Standard 17: Autonomy and Independence Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Neurological signs are now recorded following all falls (PEARL etc.). This is irrespective of whether a head injury is suspected or not.	Completed

**Theme: Person-centred care and support**

***Outcome 17: Residents' clothing and personal property and possessions***

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

An up to date record of each resident's personal property, signed by the resident, was not maintained.

**Action required:**

Maintain an up-to-date record of each resident's personal property that is signed by the resident.

**Reference:**

- Health Act, 2007
- Regulation 7: Residents' Personal Property and Possessions
- Standard 4: Privacy and Dignity
- Standard 8: Protection
- Standard 9: The Resident's Finances
- Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Records of residents' personal property are now being completed on admission. All potential residents are notified of the requirement to label all property prior to admission. The recording of property for existing residents will commence on 1 September 2013.	01 September to 31 October 2013