



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Deerpark Nursing Home
Name of provider:	Deerpark Nursing Home Limited
Address of centre:	Deerpark Nursing Home, Lattin, Tipperary
Type of inspection:	Unannounced
Date of inspection:	19 November 2024
Centre ID:	OSV-0000222
Fieldwork ID:	MON-0044706

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Deerpark Nursing Home was located in a rural area outside the village of Lattin, Co. Tipperary and provided residential services for 33 older people. The centre was purpose built and first opened in 1972. The provider acquired the centre in 1995. The premises had been renovated a number of times over the intervening years and there had been significant improvements and renovation works in the premises in 2016. For example, there had been significant extension completed in 2016 to increase the number of single bedrooms, extended/renovation of the dining room and provision of new laundry facilities. The centre has accommodation for 33 residents in 10 twin rooms and 13 single rooms, of which there were 10 single en-suite rooms and one twin en-suite room. There was suitable outside paths for residents' use and an enclosed courtyard area with planted flower pots and garden seating provided. There was plenty of outside parking provided to the front and side of the premises.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
--	----

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 November 2024	09:15hrs to 17:40hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observation of the inspector, and discussions with residents and staff, Deerpark Nursing Home was a nice place to live. There was a welcoming and homely atmosphere in the centre. The inspector spoke with eight residents living in the centre in detail on the day of inspection. All residents spoken with were overwhelmingly complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. Residents' stated that they were well looked after and that the staff were always available to assist with their personal care.

Deerpark Nursing Home is situated near Tipperary town in Co. Tipperary. The centre is registered for 33 beds. The centre provides long-term care and respite care. On the day of inspection there were 32 residents living in the centre. The centre was a purpose built single-storey building. The design and layout of the premises met the individual and communal needs of the residents'. The environment was homely, clean and comfortably decorated with many homely features and bright communal areas with lots of natural light. The building was well lit, warm and adequately ventilated throughout. Residents had access to two dining rooms, a living room, a visitors room and a quiet room. Residents had access to an indoor smoking room, however on the day of inspection there were no residents who smoked.

Residents were accommodated in 13 single bedrooms and 10 double rooms. Residents' bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, and personal belongings. One double room and 10 single rooms had en-suite shower, toilet and wash hand basins. Nine double rooms had en-suite toilet and wash hand basins. Residents who did not have access to an en-suite shower had access to two shared shower rooms and a bathroom containing a bath and a shower. Each bedroom had call bell access, lockable storage, a wardrobe, set of drawers, seating and television facilities. For residents who found it difficult to maintain their key for their lockable space provided, a lockable post box was installed in their bed space area which was easily accessible to securely store items.

The centre had open access to a large internal outdoor courtyard area. This area had artificial grass, garden tables and chairs, and attractive potted plants. The inspector was told that this area was used by residents and staff when the weather allowed.

The inspector spent time observing residents' daily life in the centre in order to gain insight into the experience of those living in the centre. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' stated that the staff were kind and caring. Residents' said they felt safe

and trusted staff. Residents were observed engaging in a positive manner with staff and fellow residents throughout the inspection day and it was evident that residents had a good relationships with staff, and residents had build up friendships with each other. There were many occasions throughout the day of inspection in which the inspector observed laughter and banter between staff and residents. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents very extremely complimentary of the person in charge, staff and services they received.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals. Residents told the inspector that there was always a choice of meals and the quality of food was excellent. Many residents told the inspector that they had a choice of having their breakfast in bed if they wished and had their dinner time and evening meal in the dining room. The inspector observed the dining experience at dinner time. Residents who required assistance had their meal in one dining room and residents' who were independent had their meal in the main dining room. The dinner time meal was appetising and well present and the residents were not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times.

Residents' views and opinions were sought through resident committee meetings and satisfaction surveys. Residents said that they felt they could approach any member of staff if they had any issue or problem to be solved.

Residents' spoken with said they were very happy with the activities programme and told the inspector that the activities suited their social needs. The daily activities programme was displayed in the dining room. The inspector observed staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Residents told the inspector that they had recently set up their own library to share books that they had previously read. There were arrangements in place for residents to access independent advocacy services. Roman Catholic Mass was celebrated in the centre weekly. Visits and outings were encouraged and practical precautions were in place to manage any associated risks. Residents informed the inspector that they were looking forward to voting in the upcoming election.

Visitors were observed coming and going throughout the day, spending time with their loved ones in the communal areas and residents bedrooms. Residents confirmed there were no restrictions on visiting.

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective governance and management arrangements in place, which ensured residents received a good quality of care and support, from a staff team who knew them well. On this inspection, improvements were found in care planning, premises, records, infection control, medication management and the complaints procedure since the previous inspection in October 2023.

This was an unannounced inspection carried out to monitor compliance with the regulations and standards and to follow up all statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

Deerpark Nursing Nursing Home Limited is the registered provider of Deerpark Nursing Home. There are three company directors, two of whom are engaged in the day-to day oversight of the service from both an operational and clinical aspect and work full time in the centre. One of the directors represents the provider for regulatory matters and is the person in charge of the centre. A second director supports the person in charge with administrative and care duties. The person in charge was supported by a team consisting of an assistant director of nursing, a clinical nurse manager, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, and maintenance staff. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre and overall there was good oversight of the service and its current risks.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. There was a high level of staff attendance at training in areas such as fire safety, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding infection control procedures and safeguarding procedures.

Records and documentation, both manual and electronic were well-presented, organised and supported effective care and management systems in the centre. Improvements were found in records, there were no gaps found in staff employment histories, staff files contained written references from the staff

members most recent employer. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff. Garda vetting disclosures viewed by the inspector were received prior to the staff commencement date of employment.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, care planning and medication management audits. Audits were objective and identified improvements. A monthly key performance indicator (KPI) report was compiled by nursing management. This report contained information regarding resident's dependency levels, weights, infection status and incidents of falls. Records of management and staff meetings showed evident of actions required from KPI reports and audits completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's meetings and audits. The annual review for 2023 was available during the inspection. It set out the improvements completed in 2023 and improvement plans for 2024.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified since the centre was registered and found these were managed in accordance with the centre's policies.

Improvements were found in complaints management. The centre's complaints policy and procedure had been updated to reflect the regulations (S.I 628 of 2022), which came into effect on 1 March 2023. The complaint and review officer had completed training to deal with complaints. The management team had a good understanding of their responsibility in respect of managing complaints. The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one registered nurse and two health care assistants on duty in the centre at all times for the number of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, care planning, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

The inspector was assured that residents living in Deerpark Nursing Home received a good standard of service and that their health care needs were well met.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the person in charge confirmed that GP's called to the centre. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to nurse specialist services such as community mental health nurses. Residents had access to local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required.

Improvements had been made to the premises since the previous inspection, areas of the centre had been painted and refurbished, oxygen safety signage was in place and a door handle had been installed to the bathroom door. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. Bedrooms were personalised and residents had ample space for their belongings. The inspector observed that the twin rooms had privacy curtains, wash hand basins and ample storage for resident's belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all

corridor areas, bathroom, shower rooms and toilets. Residents has access to a call bells in their bedrooms, en-suite rooms, bathroom, shower rooms and toilets.

The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. Improvements were found in the area of infection control, incontinence wear and sharps bins were stored correctly. Grab rails were free of rust and waste bins were foot operated. Alcohol hand gel was available in all communal rooms and corridors. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. IPC audits and weekly environment checks were carried out by the person in charge and assistant director of nursing and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre. The assistant director of nursing had plans to enrol on the infection prevention control link nurse training.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The centre did not act as a pension agent for any of the residents.

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' in the dining room. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met.

Improvements were found in medication management since the previous inspection. All medication prescriptions were signed by a doctor or by 2 nurses as per the centres transcribing policy. Only control drugs were stored in the centres control drug press. There was a comprehensive centre specific policy in place to guide nurses and carers on the safe management of medications; this was up to date and based on evidence based practice. Through observation, the inspector could see medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Records showed that controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Improvements were found in individual assessment and care planning. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of infections and falls. Consultation had taken place with the resident to review the care plan at intervals not exceeding 4 months.

The inspector reviewed residents' records and saw that where a resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's.

Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant