Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Deerpark House
Name of provider:	Dansar Care Limited
Address of centre:	Seafield, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	09 and 10 October 2018
Centre ID:	OSV-0004452
Fieldwork ID:	MON-0022387

About the designated centre

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

Deerpark House nursing home is a single storey facility located approximately two kilometres from the town of Bantry The centre offers long-term, respite and convalescence care to persons that are predominantly over the age of 65 years requiring 24-hour nursing care. The centre can accommodate 50 residents in 42 single bedrooms and four twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. The centre is located on large grounds with ample parking for visitors and staff. There are a number of sitting rooms for use by residents and also a quiet room for residents to spend time alone or to meet with visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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
09 October 2018	09:00hrs to 18:00hrs	John Greaney	Lead
10 October 2018	08:15hrs to 16:00hrs	John Greaney	Lead

Views of people who use the service

The inspector met and spoke with a number of residents throughout the inspection. Feedback from residents was very positive and complimentary of the care provided. Residents stated that staff were kind and considerate. They stated that if they had and concerns they could speak to the person in charge or to any member of staff. Residents were happy with the programme of activities and stated that they were kept occupied throughout the day. Residents were also complimentary of the quality and quantity of food provided.

Capacity and capability

Overall, the inspector found a good standard of care, with adequate oversight. There was a clearly defined management structure with defined lines of accountability and responsibility for the delivery of the service. The registered provider representative was involved in the day to day operation of the centre and was present in the centre on most days. The person in charge worked from Monday to Friday and was supported by an assistant director of nursing, ensuring that there were adequate deputising arrangements in place for when the person in charge was absent.. Governance arrangements in place supported positive outcomes for residents. Care was provided in accordance with the statement of purpose and the service was adequately resourced.

Residents were familiar with the provider, person in charge and staff. Staff were seen to be respectful to residents and it was obvious that residents were relaxed in the company of staff. The activities coordinators knew the residents, their preferences and actively encouraged people to participate in activities relevant to them.

The quality and safety of the service was monitored through a large suite of audits that were conducted on a regular basis. Improvements, however, were required in the audit process. There was insufficient focus on reviewing whether or not care delivery complied with relevant policies and procedures or on relevant guidance. Most of the audits indicated that there was full compliance, when the findings of this inspection would indicate otherwise.

Records required to be stored in the centre such as personnel records, complaints, and contracts of care were store securely and easily retrievable. Improvements were required in relation to meeting the requirements of Schedule 2 of the regulations and to comply with best practice in relation to staff recruitment. Maintenance records of equipment, such as beds and hoists, indicated

that preventive maintenance was carried out in accordance with recommendations. The complaints procedure was on prominent display and was implemented in practice.

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the needs of the residents living in the centre on the days of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was a process for inducting new staff to ensure they were familiar with policies and procedures within the centre. There was also a performance appraisal process for existing staff. There was a comprehensive programme of training.

Judgment: Compliant

Regulation 21: Records

Documents required by Schedule 2 of the regulations were available in staff files. All staff had Garda vetting disclosures in place and new staff did not commence employment until they had undergone the vetting process. From a sample of files reviewed, the employment history for one was incomplete and did not list all employments. Additionally, the employment reference from the most recent employer of one member of staff was only a confirmation of employment and not a performance related reference. Some references were not verified to validate their authenticity.

Judgment: Not compliant

Regulation 23: Governance and management

There was a comprehensive programme of audits on a range of issues, such as medication management, safeguarding residents from abuse, use of restraint, end of life care, health and safety, falls management and complaints. The process required review to ensure that the audits actually reviewed whether or not policies

and procedures were being implemented in practice.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a signed contract of care that included fees to be charged, including fees for additional services, such as the programme of activities.

Judgment: Compliant

Regulation 32: Notification of absence

The required notification was submitted to the Office of the Chief Inspector when the person in charge was proposing to be absent from the centre for a period in excess of 28 days. The notification included the arrangements put in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The procedure for managing complaints was on prominent display in the centre. The notice on display identified the complaints officer, the independent appeals process and contact details for the Ombudsman. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. These were reviewed and updated regularly.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The Office of the Chief Inspector was notified of the arrangements put in place for the management of the centre in the absence of the person in charge, as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector observed that staff demonstrated good knowledge and understanding of the needs of residents. Overall, residents received a good standard of care and access to medical resources and the services of allied healthcare professionals were in keeping with the assessed needs of residents.

Residents had choice over how to spend their day, although this was not the case for all aspects of their daily routine. There was adequate communal space and this was fully utilised by residents. Most residents had their lunch and supper in the dining rooms and mealtimes were seen to be social occasions. Many residents spent their day in the sitting room, which was comfortably furnished and this is where most activities took place. Access to outdoor space was restricted and residents could not access this independently of staff. Further consultation was required with residents in relation to mealtimes and in particular breakfast, to ensure that breakfast was served in accordance with the preferred time of each resident.

Informal chats with residents indicated that staff were friendly and helpful and the inspector observed that in general, staff actively engaged with residents and visitors in a respectful manner. Residents reported that they had access to lots of activities in accordance with their preferences. Activities were usually facilitated each day of the week, including weekends. While there were some activities scheduled for particular days each week, the programme of activities was flexible and adapted according to the needs and preferences of residents. For example, a weekly afternoon tea party was postponed until a resident that usually enjoyed and participated in the tea party, could attend. Residents were consulted about how the centre was planned and run, although it was not always evident that this consultation resulted in changes to the day-to-day operation of the centre.

There were systems in place for the pre-admission of residents to ascertain if the centre could meet their needs prior to inspection. Residents were comprehensively assessed following admission and were reviewed regularly. Staff spoken with were knowledgeable of individual resident's needs and preferences. Staff were aware of the various communication needs of residents and distraction techniques that may be required to minimise incidences of responsive behaviour. A review of medication

management practices was required to ensure that it complied with legislation and recommended guidance.

A fire safety inspection had been conducted on 24 November 2017 and discussions with the provider indicated that actions from the inspection were predominantly addressed, such as replacing a fire resisting door, replacing the lock of another door and undertaking fire drills that take account of actual staffing levels, including night time staffing levels. Centre specific fire safety training had most recently been conducted in August 2017 and most staff were now overdue attendance at this training.

Regulation 13: End of life

There were adequate procedures in place in relation to the management of end of life. End of life preferences were discussed with residents. As residents approached end of life, detailed care plans were developed to provide guidance on care to be delivered. Forty six of the forty eight bedrooms in the centre were single rooms, so the option of a single room was usually available. There was good access to palliative care services.

Judgment: Compliant

Regulation 28: Fire precautions

There were procedures in place for fire safety that included the daily check of fire exits to ensure they were free from obstruction and the weekly sounding of the fire alarm to ensure it was functioning appropriately. All staff had completed an online fire safety training module. All staff were overdue attendance at centre specific fire safety training that included building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, and fire control techniques.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Some improvements were required in relation to medication management. For example:

- a sample of prescriptions reviewed indicated that there was not a doctor's signature associated with each medicine prescribed
- there was not always a date associated with each medicine to indicate when

it was prescribed
- some prescriptions were transcribed by a nurse and co-signed by another nurse, but were not signed by a doctor within the recommended time frame
- a small number of "stock" medicines were out of date.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A pre-admission assessment was carried out on each resident prior to admission. This was usually done by the person in charge by visiting the resident in hospital or was completed through consultation with the public health nurse, if the resident was being admitted from home. Comprehensive assessments were then completed on admission and care plans were developed to guide care delivered. In the main, these were seen to be personalised and provided good guidance on the needs and preferences of each resident.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care and to allied health and specialist services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All staff had attended training in responsive behaviour. Staff responded appropriately to residents needs and requests for assistance.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training on safeguarding residents from abuse. Observations on inspection demonstrated that staff were respectful and kind and feedback from

residents supported these observations. Where there were allegations or suspicions of abuse, appropriate measures were taken to safeguard residents and to protect them from harm. Management were advised that in some instances, where complaints are made about staff performance, it may be appropriate to address the complaint as a safeguarding issue rather than a complaint. Management were also advised to put in place a safeguarding plan, where there are ongoing concerns in relation to safeguarding.

Judgment: Not compliant

Regulation 9: Residents' rights

Activities were facilitated by two activities coordinators and there was usually one coordinator present in the centre each day of the week, including weekends. The programme of activities was varied and residents spoken with stated that they were provided with adequate opportunities to participate in activities and were happy with the activities available.

Residents were consulted through residents' meetings. Minutes of meetings indicated that a good number of residents attended the meetings. Discussions usually included satisfaction or otherwise with food and social activities. There was an associated action plan with each meeting but this did not usually address all of the issues raised at the meetings. When issues were raised about the the quality of food, it was recorded in the action plan that catering staff would be informed, but there was no record of what was actually done. The chef did confirm to the inspector that the menu was amended in response to feedback from residents at the meetings. There was no record of what action was taken in response to other issues, such as requests for improved access to outdoor space, requests for outings or a request for a smoking shelter.

The centre had two outdoor areas that were landscaped to a high standard with raised plant beds, a fountain and garden furniture. Access to the outdoor areas was locked and residents could only access these areas by requesting staff to open the doors. The perimeters of the outdoor areas were not secure and most residents could only access these areas when accompanied by staff. A small number of residents could spend time outside unaccompanied but had to ask staff to unlock the door.

Breakfast commenced at 07:30hrs each morning. The inspector was shown dining cards that identified what time each resident would like to have their breakfast and their preferred food at breakfast time. Discussions with staff indicated that if a resident requested a late breakfast, this was facilitated but the information contained in the dining cards did not routinely inform breakfast times for all residents. Staff stated that breakfast for residents that required assistance usually commenced at 07:30hrs, without reference to their preferred breakfast time, and the more independent residents had their breakfast after handover report at

approximately 08:15hrs.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Deerpark House OSV-0004452

Inspection ID: MON-0022387

Date of inspection: 09/10/2018 and 10/10/2018

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The records as prescribed in Regulation 21 i.e Schedule 2, 3 and 4 records, are kept in the centre and are available for inspection.

Records kept in relation to Schedule 2 are retained for a period of not less than 7 years after the staff member has ceased employment.

Records kept in relation to Schedule 3 are retained for a period not less than 7 years, after the resident has ceased to reside in Deerpark.

Records kept in relation to Schedule 4 are retained for a period not less than 4 years from the making.

All records are kept in such a manner as to safe and accessible.

Documents required by Schedule 2 of the regulations were available in staff files. All staff had Garda vetting disclosures in place and new staff did not commence employment until they had undergone the vetting process.

A staff file audit will be undertaken of all staff files to ensure that:

(i) A full employment history for all employees is documented on their cvs/resumes and all gaps in employment history are rectified.
(ii) All employee references will be verified to validate their authenticity.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
We have recently undertaken an audit review and as a result introduced a number of new audit tools to ensure that they are reflective of best practice and the centres policies and procedures. As this is an ongoing exercise, we will continue to review all other audit tools to ensure that they accurately reflect the centres' policies and procedures in practice and best practice guidelines.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Training in the use of Firefighting equipment and Evacuation Plan for Deerpark House was held 11th November 2018 for all staff

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
We have contacted all GPs to request immediate signing of individual Rx on MARS Pages

a. PIC to ensure that any Rx awaiting signature from DR. is highlighted at Nurse handover.
b. All medications, including Stock Medications will have expiry dates checked weekly and recorded by PIC.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
All reasonable measures to protect residents are taken and staff undergo training in safeguarding practices.

The Person in Charge investigates any incident or allegation which may be considered a safeguarding issue and all incidents will be addressed, in the first instance, as a safeguarding issue until proven otherwise.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All follow up required from Resident Forum meetings will be part of Agenda for next Governance Meeting with immediate effect. (Commenced since Inspection as October meeting was held on 1st Nov due to Annual Leave commitments).

All staff have been reminded of the importance of adhering to the information on Breakfast Cards for all Residents, ie preference of choice, time, location etc.

Especially to inform Nurse In Charge, immediately of any expressed change in any preference to ensure the Breakfast cared is updated and all staff are made aware.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	14/11/2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/01/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire	Not Compliant	Orange	11/10/2018

	prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	09/11/2018
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner,	Not Compliant	Orange	11/10/2018

	segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	07/11/2018
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	07/11/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	07/11/2018
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and	Not Compliant	Orange	07/11/2018

	participate in the organisation of the designated centre concerned.			