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<th>Newpark Care Centre</th>
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<td>Centre ID:</td>
<td>OSV-0000150</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Newpark, The Ward, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 864 3465</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@newparkcc.ie">info@newparkcc.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Newpark Care Centre Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Matthew McCormack</td>
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<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<td>Type of inspection</td>
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<td>Number of residents on the date of inspection:</td>
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<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 19 August 2014 12:00
To: 19 August 2014 18:00

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

| Outcome 05: Documentation to be kept at a designated centre
| Outcome 14: End of Life Care
| Outcome 15: Food and Nutrition

Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection the persons in charge attended an information seminar. The provider and person in charge had received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The person in charge and provider had judged that the centre was complaint in relation to both end of life outcome and food and nutrition outcome.

The inspector reviewed policies, assessments, care plans, training records and the provider self-assessment tools relating to End of Life Care and Food and Nutrition submitted by the person in charge pre-inspection. The inspector also met residents, relatives and staff and observed practices during the inspection.

End-of-life care practices and outcomes for residents and relatives were found to be of a very good standard. Overall the end-of-life care policy reflected practices, and documentation was found to be reflective and person centered. Some improvements were identified relating to property records and updating of the written policy dated January 2013 to fully reflect the updated documentation and assessment process in place implemented on a trial basis as the centre.

Feedback questionnaires received from nine relatives of residents who had died within the centre were reviewed and found to be very positive. Staff were highly praised for their good communication skills and the kind, sensitive and friendly manner in which they treated each resident. Care staff were particularly praised for their attention and care prior to and during the resident’s end of life with relatives reporting that they felt well informed. Information and details of supports in place for
residents and staff following bereavement were clearly outlined by the person in charge or her deputy.

Food and Nutrition outcomes and practices were of a very good standard. Residents and relatives confirmed this, and mealtimes were observed to be a relaxed social occasion. All residents’ needs were met with regard to maintaining independence and assistive devices to support this were available and in use. The appropriate assistance was seen to be provided by staff when required with eating and drinking. The menus available had been reviewed by the dietetic services with regard to nutritional content, choices and variety. Timely access to occupational therapy, speech and language and dietetic services for residents requiring assessment or review was identified as available on the self assessment and at the time of the inspection, from an external private provider.

From evidence gathered on inspection the inspector formed the view that the centre was compliant overall relating to end of life, and food and nutrition. One area for improvement relates to the updating of the end of life care policy to accurately update and reflect developments and improvements over the last 18 months, and documentation of return of property following the death of a resident.
Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The end of life care policy required updating to fully reflect current procedures and documentation in use.

Records of return of residents' personal property were not found to be fully maintained in paper or electronic format.

These non compliances are discussed further under Outcome 14: End of Life Care.

Judgment:
Non Compliant - Minor

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was an end of life care policy in place which reflected the care provided to their relatives in the centre. The end of life care policy was dated as November 2013, and
was centre specific to this centre. Staff spoken with had an understanding of the policy and implemented care accordingly. Overall the inspector found that the policy in place supported and upheld the dignity and individual needs of residents and their relatives, by guiding staff in a evidence based way.

Improvements relating to the assessment documentation and records of resident wishes/choices with regard to treatments and transfers to acute care had taken place as part of a pilot study conducted with the community outreach team attached to the acute hospital. The person in charge was satisfied with the manner in which resident’s wishes were documented at the centre and improvements had taken place since commencement. The person in charge had a record of all planned meetings with regard to end of life care reviews involving the General Practitioner (GP), resident or their representative for 36 residents at the centre. Formal review of use of the documentation was not available, and was not yet completed. The person in charge stated that this was being comprehensively reviewed and evaluated by an external agency and as part of a group of designated centres involved with the project.

Respondents to questionnaires confirmed that the end of life care provided to residents was to a very good standard. The inspector saw that residents received end of life care which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy. Records and documentation such as assessments, care plans, end of life discussions and transfer details were completed by the person in charge or nursing staff. Written information on services and supports available to relatives was available to relatives after a death at the centre.

No resident was receiving end-of-life care at the time of inspection. Staff said residents were consulted and given the choice of where they would like to die. Feedback from relatives had been received by the Authority prior to inspection and informed the process, the centre had sent out ten questionnaires and nine of which had been returned. Of this number all had highlighted the positive care experience, one respondent had referenced the staff being “compassionate and kind” and “care staff were so prompt and respectful” during this time.

Residents confirmed they were asked about their preferences regarding end of life care and options available to them. Transfer to hospital was discussed at three monthly end of life meetings and many residents had expressed that they did not wish to be transferred to an acute hospital if at all possible. The self assessment indicated that two residents who had an end of life care plan in place had been transferred to acute services over the last two years. The person in charge discussed the range of medical and nursing options available including staff with appropriate skills that had been trained for delivering sub-cutaneous fluids which could be prescribed and administered at the centre. A good standard of consistent medical cover from the GP was evident from the residents’ medical records reviewed as part of this inspection. Arrangements were in place to facilitate anticipatory prescribing to facilitate end of life care and symptom control.

The inspector confirmed with residents that they wished to stay at the centre and considered the centre their home. The inspector noted that 19 out of the 24 residents who had died in the past two years had died in the centre. Access to the palliative care
team was confirmed based at the hospital and in the local community for support advice and training.

There was a visitor's room and all catering arrangements for visitors could be accommodated on site with snacks, tea, coffees and meals if required. Overnight facilities were in place for relatives, and relatives were welcomed to stay in the residents' own room. Relatives who completed questionnaires confirmed they were facilitated to stay with their loved one when they were dying, and records reviewed confirmed that family members were facilitated day or night to visit and spend time. Tea and coffee making facilities were also freely available from catering staff, and access to outdoor spaces and seating on the premises. Feedback received from relatives stated that the quality of end-of-life care provided was very well rated and ensured the resident was comfortable and pain free and they were very satisfied with the overall medical care provided by the medical staff at the centre.

Nursing documentation was reviewed by the inspector and confirmed that nurses recorded residents’ death and dying wishes/ preferences at the time of their initial assessment or during their three monthly assessment review as appropriate. Family meetings also took place three monthly (or more frequently as required) and this also prompted changes in the end of life care plans in place. The inspector was informed that some residents, their families together with the GP had decided that the resident was not for cardio pulmonary resuscitation (CPR) or active measures, but for all ‘comfort’ measures. In practice a review of residents transferred to hospital by the provider indicated that 40 residents were transferred for acute care. The main reasons for transfer were related to treatments required for infections, diagnostic procedure, post-fall, and other medical interventions required of an immediate medical nature. The scope of practice of many nursing staff working at the centre included training completed on administration of subcutaneous fluids, and syringe driver for the delivery of subcutaneous medication. Pharmacy arrangements were in place and a policy to support anticipatory prescribing was in place.

Residents’ religious needs were facilitated by their own spiritual advisers and the local priest who said mass fortnightly. A member of staff was also a deacon who was available to meet individual needs and was well known to residents. A new larger oratory/quiet space had been created at the centre which was available to residents and relatives.

Relatives stated that there was sufficient staff on duty at the time of their relative’s death.

The end of life policy included details about caring for the remains of a deceased resident and the return of personal possessions to loved ones, and this was well documented. A specially arranged property bag was available for using for return of personal possessions. However, records of return of property were not found to be available or maintained and required improvement. Information was available to relatives on the death of a loved one, and booklets were available in the entrance foyer.

Education records showed staff had received training in relation to the provision of end of life care, and clinical training on symptom management. Specific training regarding
skills involved with discussing end of life wishes with residents had been delivered this year for 14 staff members. The documentation reflected a commitment to providing individualised end of life wishes for each resident and ensuring each residents goals for care were implemented.

An action plan relating to a requirement to maintain records of property returned following a bereavement, and update the end of life care policy to reflect recent changes is found under Outcome 5 of this report.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**

*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 discrete and sensitive manner.*

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that each resident was provided with food and drink at times and in quantities adequate for his/her needs. Food was properly prepared, cooked, served and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner, when required. Residents had a choice of meals at lunch and tea time. Snacks and refreshments were offered throughout the day at regular intervals and available for residents who needed additional nutritious snacks and found it difficult to sit down for mealtimes.

The policy on food and nutrition had been issued in October 2013. It was robust and provided clear guidance to staff on how to assess and formulate care plans to meet the residents’ nutritional and hydration needs. The inspector found that the policy was evidence based and fully implemented in line with the electronic record keeping system in place. Catering and care staff had demonstrated a clear understanding of its content and of their role in ensuring residents' nutritional and hydration needs were met, with regards to menu planning and provision of each resident's dietary needs.

There was also a policy on guidelines for care of residents with Percutaneous Endoscopic Gastrostomy (PEG). There were no residents receiving PEG feed on this inspection. A number of residents had been prescribed supplementary food and drinks. The inspector noted that the administration of the prescribed drinks had been signed for by nursing staff, or note made if a resident refused in line with medication management policy.
Residents had access to fresh drinking water and a variety of hot and cold drinks throughout the course of the day. Staff were observed offering residents a choice of hot and cold drinks with their meal and residents confirmed they were individually offered a drink between each main meal and between supper and bedtime. Residents spoken with confirmed that staff provided them with a drink if and when they requested. The appropriate equipment to meet the resident’s needs such as modified cutlery, and high sided plates were found to be available for use. Access to occupational therapy, speech and language, and dietetic referral systems were in place for residents who needed assessment though an external private provider. The inspector confirmed recent resident review by speech and language therapist had taken place on the previous day at the centre.

The inspector observed lunch service which commenced at 12.00hrs and tea at 17.00hrs being served to the residents. The person in charge and notices on dining room doors confirmed that two separate sitting took place in the main dining room. Residents confirmed they could choose where they wanted to eat. Residents had access to a large spacious communal dining room, which was proximal to the kitchen. An additional day/dining space in Papillon catered for residents in this area, but many residents also used the main dining room. The main dining room was undergoing minor refurbishment and painting works were partially completed. The provider confirmed that these would be completed soon.

Catering staff, prepared meals from the two week menu and the chef served up individually to each resident present in the dining room, and smaller numbers eating in their meals in their own rooms. There was a choice of main meal of turkey or cottage pie for lunch with a choice of boiled or mashed potatoes and vegetables. Soup course was available and a choice of deserts. One of the administrative staff spoke to each resident and offered choices from the menu for the next day. The inspector confirmed how choice was offered and pictorial menus were in place to assist in decision making about food options. This information was communicated to the catering team. Care and catering staff knew the residents likes/dislikes and needs. Residents spoken with told the inspector that they enjoyed the food service. The food service was visible to residents from the bain-marie in the dining room, and the aroma of the foods which added the lunch time food service. Residents could view the food prior to making a choice. The lunch was prepared and cooked in the kitchen by the chef and kitchen assistants.

Residents who required a minced or smooth pureed diet also received the same choice of meals, the menu which was delivered and was consistent with the published menu given to the inspector. Alternative options were available to the residents, where residents did not wish to eat off the main menu.

The catering staff had a good knowledge of those on special diets such as weight reducing, diabetic, healthy heart, high protein and high calorie diets. They described the steps taken to ensure each resident received their required special diet and the inspector saw the food served reflected the resident’s individual dietary needs. Catering and care staff spoken with had a good knowledge of each resident’s individual preferences, likes/dislikes, those on special diets and those who required alternation to the normal food consistency. Details of fortification of foods and individual requests for
likes and dislikes were also noted. The inspector saw that catering staff had all of this information available to them on a dining list in the kitchen. The inspector recommends that the use of the large whiteboards in each dining space is reviewed with regard to finding alternative options to communicate the dietary requirements of each resident to staff.

The dining room tables were set with all required condiments and cutlery to meet the residents’ individual needs in an attractive manner. Adequate space was available for residents exiting and entering the room by two double doors and for wheelchair users. The food was presented to residents in an appetising manner. Residents requiring smooth pureed or minced moist food could clearly identify what they were eating as each food group was presented separately on their plate. The quality of the food was good and the quantities reflected each resident’s individual dietary requirements, which were also reflected in their care plan. For example, a resident who required grade 1 thickened fluids, drinks were appropriately thickened and assistance given to eat their meal, with staff observing for any difficulty with swallowing in a careful and respectful manner, whilst encouraging the resident to enjoy their food. Staff were available to assist residents at mealtimes in both dining rooms.

Residents’ chatted amongst themselves and to staff while enjoying their lunch. Residents spoke highly of the quality of the food and the manner in which it was cooked and served and confirmed that feedback was sought from them at their residents’ meeting.

The tea time service was of a similar service provision to the lunch time. Choices included eggs, sausage, tomato and beans or sandwiches with a variety of fillings, and a dessert option. Further to a review of the two week menu the inspector found that a hot food choice was always available to residents at tea time. The inspector was told that any food service was reviewed and feedback from residents informed menu planning. Additionally a review of the menus had taken place from a dietetic perspective and reported on.

Clinical documentation was of a very good standard and maintained on an electronic record keeping system. Assessments, care plans and nursing evaluation notes were reviewed. Residents were assessed on admission and reviewed three-monthly with a validated assessment tool for food and nutrition as a malnutrition screening tool. A baseline weight and height was recorded on admission and monthly thereafter or more frequently if a resident was identified as being at risk. Weight loss and difficulty maintaining weight was monitored closely. Assessments were detailed and reflected the resident’s individual needs. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the General Practitioner’s instructions.

The provider's self-assessment indicated that access to medical and peripatetic services was good and the inspector found there was no delay in any resident being referred or reviewed as required. Peripatetic staff were also involved with providing education and support to nursing, care and catering staff. Education records showed staff had received training in several areas in relation to food and nutrition including dysphagia, modified texture diets and nutrition and the elderly.
Nursing and care staff demonstrated a good knowledge of each resident's nutritional requirements and meals were a social and relaxed occasion. Mealtimes were well supervised by adequate staff numbers. Cold drinks and snacks which were available at all times to residents. Residents confirmed to the inspector that family occasions, birthdays etc are celebrated at the centre. Provision of choice was confirmed by observation of staff interaction and communication during the meal services. Staff were clearly seen offering visually options for each course to residents with cognition difficulties which aided choice for the resident.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Provider’s response to inspection report

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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of the return of personal property of residents were not fully maintained at the designated centre.

Action Required:
Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:
We have formulated a document which will record the return of Residents personal property to Next of Kin, to be signed by staff member handing over the property and

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
the person receiving same. This will then be placed within their file.

**Proposed Timescale:** 31/08/2014

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The end of life care policy required updating to fully reflect current procedures and documentation in use.

**Action Required:**
Under Regulation 21(1) you are required to: 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.

**Please state the actions you have taken or are planning to take:**
End of Life policy updated to fully incorporate all procedural documentation in use within Newpark Care Centre. Revised copy attached.

**Proposed Timescale:** 31/08/2014