



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Newpark Care Centre
Name of provider:	Newpark Care Centre Limited
Address of centre:	Newpark, The Ward, Co. Dublin
Type of inspection:	Announced
Date of inspection:	07 January 2019
Centre ID:	OSV-0000150
Fieldwork ID:	MON-0025547

About the designated centre

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

The designated centre provides 24- hour nursing care to 72 residents, male and female who require long-term and short-term care. The purpose-built one storey facility is situated in a rural area. It is divided into three areas: Mayfield, Aisling and Papillon (a dementia specific unit). There are a variety of communal rooms and residents' bedroom accommodation is made up of 69 single and one three-bedded room all of which are en suite. The philosophy of care is that each resident will be viewed as a unique individual and respected and cared for by all members of the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66
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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
07 January 2019	10:30hrs to 17:30hrs	Siobhan Kennedy	Lead
08 January 2019	09:00hrs to 18:00hrs	Siobhan Kennedy	Lead
07 January 2019	10:30hrs to 17:30hrs	Manuela Cristea	Support
08 January 2019	09:00hrs to 18:00hrs	Manuela Cristea	Support

Views of people who use the service

Residents who communicated with the inspectors were positive regarding the care provided/received and the facilities and services. In particular, residents were happy about the design and layout of the centre, arrangements for visitors, the routine choices they could make, and staffing. Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre. None of the residents who communicated with the inspector had any complaints or concerns about the care that they received. Suggested areas for further improvement related to the following:

- More involvement in deciding the type of social and recreational activities being promoted.
- Greater participation within the wider community.
- laundry service.
- Mealtimes.
- Residents with dementia wandering into other residents' personal space.

Capacity and capability

There was effective leadership and management and in general this contributed to residents experiencing a good service. The matters identified in the previous inspection carried out on the 9 November 2017 were satisfactorily addressed.

There was evidence of on-going auditing and monitoring of performance, for example audits were completed to review the use of restraint and medication management.

An annual review report on the quality and safety of care was compiled and available for inspection. It was prepared in consultation with residents and contained a quality improvement plan which included addressing some of the suggestions made by residents, for example, improving stimulation to the residents in the specialist dementia unit, maintaining and upgrading bedrooms, reviewing the garden space at the rear of the specialist dementia unit, reviewing foods in order to focus on food first and reduce nutritional supplements (if possible), using the complaints/concerns to inform continuous quality improvement and identify specific training courses to develop staff training needs.

The provider and management team were on site to facilitate the inspection process by providing information in relation to residents' care and condition and the

documentation/records required by legislation.

The statement of purpose corresponded to the findings on inspection.

There were sufficient staff to meet residents' needs. The person in charge facilitated the inspection process and demonstrated that she provided good leadership to the staff team. The nominated persons who were available in the absence of the person in charge also assisted the inspectors and were knowledgeable regarding their roles, management of the centre and the care and condition of residents.

Recruitment of staff was in compliance with employment and equality legislation including appropriate vetting.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities. In discussions with the inspectors staff demonstrated that they were knowledgeable and skilled in a variety of areas.. Staff were monitored and supervised.

The complaints policy and procedure was publicly displayed and residents and relatives were familiar with the process. The complaints record showed that complaints were investigated, recorded and information shared with the complainants. The information governance arrangements ensured that record-keeping and file management systems were secure.

Registration Regulation 4: Application for registration or renewal of registration

An application for renewal of registration was completed and contained the necessary information

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse who works full time and has authority in consultation with the person representing the provider and is accountable and responsible for the provision of the service.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents, relatives and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

The clinical management team was made of the person in charge and two clinical care nurse managers (CNM). They provided supervision and guidance for the nursing and care team. Depending on the work requirements the two CNMs may be rostered to work the same shifts. Each day there are three nurses on duty. Twelve care staff were rostered up to 14:00 hours and nine until 20:00 hours. Two nurses and four carers are rostered for night duty. The centre employs dedicated full-time activity staff who manage a programme of activities and organises special events and celebrations and a physiotherapist. The staffing complement outlined above is supported by catering, housekeeping, administration, finance and maintenance staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control, managing responsive behaviours and protection of residents from abuse. Management have included an e-learning education programme to develop staffs' skills and knowledge and to support mandatory training provided in house. Staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was being maintained and included the information specified in the schedule.

Judgment: Compliant

Regulation 21: Records

Records were maintained safely and were accessible.

Judgment: Compliant

Regulation 22: Insurance

The record of insurance was found to be satisfactory.

Judgment: Compliant

Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and to who they are accountable. The provider had sufficient resources in place to ensure that care delivered was in accordance with the statement of purpose. The governance arrangements in place were suitable to ensure the service provided is safe, appropriate and consistent.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were satisfactory. The contract included details of the services to be provided and the fees payable by the residents. These were signed by relevant parties. Expenses not covered by the overall fee and incurred by residents were identified in the contract.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services, provided details about management and staffing and described how residents' well being and safety was

being maintained.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had their roles and responsibilities set out in writing, received supervision and support and were Garda vetted.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was familiar with the process of notifying incidents occurring in the designated centre and the time frames for submitting.

Judgment: Compliant

Regulation 32: Notification of absence

Management were fully aware of need to inform the Office of the Chief Inspector in the event that the person in charge of the designated centre proposed to be absent for a continuous period of 28 days or more, and the time frame for notification both in an emergency and non emergency situations.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listen to and acted upon.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as per the legislation were compiled, adopted and implemented. In discussions with the inspectors staff demonstrated that these policies were available to them and guided their practice. Systems and practices were in place to ensure that appropriate reviews of the policies and procedures took place and this occurred at intervals not exceeding three years and, where necessary, they were reviewed and updated in accordance with best practice.

Judgment: Compliant

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

The registered person representing the provider was fully aware of the details of the procedures and arrangements that will be put in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Quality and safety

The residents experienced a good quality of life and residents and staff interacted well. Improvements were required regarding documentation and follow-up in respect of safeguarding residents, greater opportunities for residents to participate in activities in accordance with their interests and capacities and residents' finances.

The health and social care needs of residents were met. There were comprehensive nursing assessments completed when residents were admitted to establish their health and social care needs, as well as determine areas of risk. A range of validated assessment tools were used to assess skin condition, risk of falls, vulnerability to developing pressure area problems and nutrition needs. The assessments completed were used to develop care plans that were person-centred, individualised and described the care to be delivered. The inspectors observed that the privacy and dignity of each resident was respected.

There were good systems in place to ensure appropriate referrals were made to allied health care professionals and the general practitioner. Reviews were documented. The management of medication was satisfactory.

Appropriate end of life care was provided to residents in accordance with their wishes. Support and advice was available from the local palliative care team.

Good systems were in place to support the identification and investigation of allegations or suspicions of abuse. However, a safeguarding incident had not been

appropriately followed up in accordance with the centre's policy and procedures.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

A positive approach was taken to support residents with responsive behaviours. Behavioural logs which identified triggers for such behaviour and comprehensive behavioural support plans were implemented by staff in their daily interactions with the residents. As a result of a complaint which identified some residents with a cognitive impairment wandering into other residents' bedrooms measures were put in place and were being monitored to determine effectiveness.

Meaningful engagement and activities were tailored based on residents' likes and dislikes. Some residents were seen engaged in group activities such as singing, karaoke, arts and crafts, puzzles, quizzes and pet therapy with Jasper the dog being very popular. This provided a nice buzz in the centre. The communal areas had large television projectors that provided residents with a view of the television, regardless of their seating position in the room. Inspectors heard about the many successful activities such as the Christmas party, the summer barbecue, children's visits from the crèche and the pet zoo visits. Inspectors also observed periods whereby task centred activities were dominant and residents were not provided with opportunities to engage in meaningful activities.

The design and layout of the designated centre met the needs of residents.

The health and safety arrangements were found to be satisfactory. Good standards of cleanliness and hygiene were in place and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres. Fire safety precautions were in place and reviewed on a regular basis.

Regulation 10: Communication difficulties

Residents were encouraged to communicate freely. Residents' communication needs were detailed in their care plans and known by staff who supported meaningful engagement, including an awareness of non-verbal approaches.

Judgment: Compliant

Regulation 12: Personal possessions

Clothing was laundered off site and a discreet labelling system was in place. There was also a small launderette on site. A property list was created on admission and

placed in the residents' records.

Management were responsible for some of the residents' finances (pension agent) and while there were records to show transactions and balances, there was no designated residents' account(s). Some improvements were required to ensure that these residents have access to and retains control over their finances. Some residents were seen to have keys to their own rooms and lockers.

Judgment: Substantially compliant

Regulation 13: End of life

End of life care provided met the residents' needs. There was evidence of family involvement with the resident's consent and a person-centred approach to end of life care was noted. Where decisions had been made in relation to advance care directives, such decisions were recorded and a discreet dove symbol in the residents' bedroom informed staff about the resuscitation status.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, well maintained and tastefully decorated throughout.

The inspectors found that the single bedrooms were spacious, decorated to a high standard and personalised. The three bedded room was comfortable for the residents who currently occupy it (one private space was vacant). Some residents in discussions with the inspectors confirmed that they had enough space for their personal belongings. There was a call bell system in place and this was accessible by beds and in ensuite facilities.

Communal rooms were adequately spacious and furnished to ensure comfort and safety. The inspectors saw that residents were free to access communal areas of their choice. There was sufficient space for visitors /relatives to stay in comfort and facilities where they could make beverages and snacks. Hallways were wide and had handrails that were clearly visible. There were appropriate shower and toilet facilities to meet the needs of dependent persons and there was a range of specialist equipment such as chairs, beds, mattresses and hoists available.

There were secure internal gardens which residents could freely access and management informed the inspectors that a further outdoor space to the rear of the building is to be developed during 2019.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were complimentary of the food in the centre. The menu was varied and offered choices. Food was available in good quantities and was wholesome and nutritious. Inspectors were informed that light snacks were available if residents requested these during the evening/night time or if staff assessed that food would meet a resident's needs. Fresh drinking water, snacks and other refreshments were available.

Staff were knowledgeable of residents specific dietary requirements and of the recommended food and fluid consistency. An adequate number of staff were available to assist at mealtimes and they provided assistance in a discreet manner to those residents who required it. Staff also provided support when other refreshments were served.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under the regulation. The risk register was kept up to date and under review by the management team. All risk assessments relating to individual residents were comprehensive and guided care. There was good emphasis on promoting residents' independence while trying to minimise accidental injury. To achieve this residents were encouraged and supported to participate in the daily physiotherapy service and exercise group programme based on their level of ability.

There was equipment to support physiotherapy treatments including low entry beds, crash mats, hip protectors and soft head protection devices for residents with gait difficulties who might fall backwards. Some residents had walking aids which had been assessed as to meet their needs. Up to date moving and handling assessments were available for residents with mobility problems. The person in charge led multidisciplinary meetings which had led to increased staff awareness and a marked reduction in the number of falls.

Judgment: Compliant

Regulation 27: Infection control

Infection control practices were safe. There was a policy in place and staff were knowledgeable of the standards for the prevention and control of health care associated infections. The inspectors observed that staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity. Hand washing signs were available at each hand washing facility. Staff were observed to handle laundry safely.

Judgment: Compliant

Regulation 28: Fire precautions

Records showed that fire-fighting equipment, emergency lighting and the fire alarm were serviced regularly. The inspectors found that all internal fire exits were clear and unobstructed during the inspection. The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspectors were knowledgeable and confident in what to do in the event of an emergency situation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found that staff had safe procedures in place to guide their practice in relation to the management of medicines. The nurses on duty were well informed about the procedures and their descriptions of how medicines were prescribed, stored, administered and reviewed showed that appropriate safe standards were in place.

The medicine administration records were clear and the required information including a photograph of the resident was available. Safe storage arrangements were in place and medicine trolleys were locked and stored securely. The centre was using the system of pre packed sachet roll of medicines. This had reduced medication errors and administration times.

Medicines that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. There were regular audits of medicine management both by staff and the pharmacists. The results indicated that over a range of aspects which included

reviews, disposal of medicines and storage good practice was consistent.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were personalised, detailed and responsive to the residents' identified needs based on comprehensive assessments. They provided evidenced based guidance for staff on the care to be delivered and were updated at the required four monthly intervals or when there was a change in a resident's health condition.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health care was provided through timely access to treatment, therapies and specialist consultations. A general practitioner visited the centre weekly and was available more often as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had participated in training to update their knowledge and skills appropriate to their role, to respond to and manage behaviours that are responsive. A culture of promoting a restraint free environment was in place. Restraint was used in accordance with the national policy. Only one resident was using bed rails at the time of inspection which were recommended for medical reasons.

Judgment: Compliant

Regulation 8: Protection

Inspectors saw that there were measures in place to protect residents from being harmed or suffering abuse through robust recruitment practices, staff training and supervision. Staff who communicated with the inspectors were clear of the actions to take if they observed, suspected or had abuse reported to them. However, evidence gathered during the inspection found that appropriate action which was

documented, shared with staff and reviewed was not always taken in response to an allegation or suspected abuse of a resident in line with local and national policy.

Some residents expressed that they felt safe and protected in the centre. Advocacy services were available if required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were consulted with and had opportunities to participate in the organisation of the centre. Resident expressed that they wanted more choice in deciding the social and recreational programme and to be more involved in activities, especially communal outings.

The majority of residents were seen to be engaged in group activities or individual activities. However, inspectors observed those residents with advanced dementia or who had limited communication were not involved in meaningful activities suitable to their capacity and capability and the specialist dementia unit was not promoted as a therapeutic resource. For example, the level of noise and stimulation had not been monitored sufficiently to achieve an optimum balance and there was a lack of multiple cues, including the use of objects for orientation. Outside space and activities had not been developed as another method to reduce behaviours that are challenging.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	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 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Inspection ID: MON-0025547

Date of inspection: 08/01/2019

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Further to the inspection an application has been made to our bank (AIB) to open an designated residents pension account.</p> <p>Once this account is opened we will notify the Dept of Social Welfare to re-direct all pension payments to this account</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Going forward when responding to allegations of suspected abuse we will ensure that all actions/procedures and protocols as outlined in our safeguarding policy which is in line with the national policy will be fully implemented</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review has taken place of the Dementia unit with the main focus on improving the environment and greater staff engagement with residents who have advanced in their dementia</p> <p>A meeting of all stakeholders was covered on the 15/1/2019 chaired by the PIC to discuss ideas and projects to improve the environment and staff engagement with residents to ensure greater resident stimulation.</p> <p>The following ideas were discussed</p> <ul style="list-style-type: none"> • Sensory room, Hand massages , dress tables before meals, Board with fidget items , lava lamp, old fashioned record player, rummage boxes • Corridors require revamp ideas included: suspended umbrellas with colourful items from the corridor ceilings- Mirrors for the walls- windows decorated with decals • It was decided to look at the conservatory and quite room initially, chairs that were surplus to requirements were to be re located with both areas having a specific defined look- Shelves to be removed and replaced with colourful storage drawers. • Next meeting on the 29th Jan to review progress- all meetings are minuted and action plans implemented 	

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	31/03/2019
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	28/01/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/03/2019