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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Newpark Care Centre</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Newpark Care Centre Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Newpark, The Ward, Co. Dublin</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>12 August 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000150</td>
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<td>Fieldwork ID:</td>
<td>MON-0029757</td>
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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: | 59 |
How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Wednesday 12 August 2020</td>
<td>09:30hrs to 16:30hrs</td>
<td>Siobhan Kennedy</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 13 August 2020</td>
<td>09:30hrs to 16:00hrs</td>
<td>Siobhan Kennedy</td>
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<td>09:30hrs to 16:30hrs</td>
<td>Naomi Lyng</td>
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<td>Mary McCann</td>
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<tr>
<td>Thursday 13 August 2020</td>
<td>09:30hrs to 16:00hrs</td>
<td>Mary McCann</td>
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Residents told the inspectors about how their daily routines had changed in recent months due to the COVID-19 pandemic. They were very aware that staff wanted to make every effort to ensure that they were safe and comfortable. They told the inspectors that nurses and carers visited them in their bedrooms to have chats about the pandemic and provide up-to-date information to reduce their anxieties. Some residents commented that initially it was very frightening because they did not know what to expect but now they have got used to the way things are, for example, their carers wearing masks all the time. For others they considered that as time passed and the pandemic continued it became more frightening because they did not know what the future would be like.

Some residents fully understood all the new terminology associated with the pandemic; social distancing, hand hygiene, cough etiquette, isolation and lock down. Residents confirmed that they felt safe in the centre and they put this down to the dedication and commitment of the entire staff team. Residents commented that staff would do anything and nothing was too much trouble for any one of them. They believed that if all the measures are necessary to keep everyone safe then that is what should be in place. Residents confirmed that if they had any concerns they would communicate this to a member of staff and were confident that the matter would be resolved.

Some residents considered that they still had lots to do during the lock down and that staff made extraordinary efforts to engage with them and create situations for amusement and fun. Overall the consensus was that isolation was the most difficult thing to cope with. residents said that they missed their usual activity plans and interactions with the local community, family and friends. They knew that all sorts of opportunities had been created for their relatives to communicate with them including the technologies and having an external window visit either in the communal viewing areas or in residents' bedrooms.

Some residents expressed their concern for the staff who were also sick and communicated that they prayed fervently for all during this time. They regretted the deaths of some of their friends in the centre.

Many residents just longed for this to be over and things to go back to the way they were. Others were very optimistic considering that they will soon be free to do all the things that they previously enjoyed.

At the time of inspection some residents were in their bedrooms while others were in the communal areas participating in low-key activities such as reading the newspaper, watching television chatting to each other, having a hand massage, having a hair do or engaging in a group social activity. Staff were keen to normalise activities and events for residents and to this end the communal rooms were being brought back into use so that residents could share time together albeit with
appropriate social distancing in place.

Residents were happy with the food and meals they received.

Residents were satisfied with their bedroom accommodation confirming that they had sufficient space for their personal items. They acknowledged that the staff members kept the bedrooms and all areas in the home neat, tidy and clean.

**Capacity and capability**

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre in April 2020 during which 29 residents contracted the virus and sadly 11 residents died. Inspectors also followed up on information of concern that had been submitted to the Chief Inspector in relation to infection prevention and control practices, social contact for residents and visiting restrictions. One concern that had been received by the Chief Inspector had also been reported to the provider. Inspectors found that the issue had been investigated by the provider and was currently under management review.

Overall inspectors found that this was a well managed centre and that there were adequate systems in place for the oversight of the care and services provided for residents. Managers and staff were operating within the current Health Protection Surveillance Centre (HSPC) guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.) Where non-compliances were identified the provider and person in charge demonstrated a commitment to address the issues and come into regulatory compliance. For example regulatory compliance had not been fully achieved in respect of staffing and the management of risk in the designated centre. At the feedback meeting at the end of the inspection management and staff were willing to initiate the necessary improvements to ensure compliance with these regulations was achieved.

During the previous inspection (7 January 2019) the centre was found to be primarily compliant with the regulations. Matters identified for further improvement which related to residents’ personal possessions, protection and rights had been addressed by the provider.

There was a well established management team in the designated centre which included the registered provider representative (RPR), a company director and the person in charge (PIC). The management team had worked tenaciously with the entire staff team during the recent pandemic to ensure the safety of residents during unprecedented challenges brought about by a COVID-19 outbreak.
It was evident from discussions with management and staff and scrutiny of records that the management team had planned and prepared for a potential COVID-19 outbreak in the designated centre. By the time of the onset of the outbreak on 15 April 2020 they had communicated with statutory and non-statutory organisations and bodies, restricted visiting and trained staff in specific areas relevant to the pandemic (donning and doffing personal protective equipment (PPE) and signs and symptoms as per case definition). They implemented a communication strategy with residents and families and set up remote access to external professionals. They encountered a number of difficulties outside of their control, for example, addressing PPE shortages, implementing frequently changing public health guidance, and obtaining rapid testing of residents and staff.

Management introduced measures to take account of the health care needs of staff and initiated a contingency workforce planning strategy. This included linking in with the local hospital and redeploying nursing management staff to active nursing duty. Under the leadership of the PIC, routine systems were put in place to observe residents, refer for testing, set up procedures for swabbing, isolate resident with signs and symptoms of COVID-19 and responding to a range of clinical situations in what was a rapidly changing environment. Senior staff provided regular training and daily staff briefings to assist staff to gain knowledge quickly and implement changes in policy and procedures as the guidance was changing throughout the outbreak. This helped to ensure that best practice was implemented throughout the service.

Inspectors were informed that the consequences of the COVID-19 outbreak and the death of some residents for whom staff and residents were not able to arrange and attend a traditional funeral service had had a profound impact on residents, their relatives and the staff many of whom were still going through grieving processes. Arrangements for a remembrance mass for residents, staff and families to remember those who passed away during this difficult time was being planned for later in the year. The pandemic had changed how residents now lived their lives, how relatives and friends could visit, and how staff carry out their work. There was also an impact on how the management team identified and worked to achieve their planned service objectives.

An examination of the staff duty rota, communication with residents and staff showed that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. However a review of the staff rosters identified that they did not reflect the actual staff on duty. Rosters identified a number of staff vacancies which were being addressed in an ongoing recruitment initiative.

Staff had access to a range of ongoing training appropriate to their roles and responsibilities and they were supported to carry out their work by the management team. Staff were confident and willing to implement changes in care practices to ensure the safe delivery of services to residents. They had received mandatory training and participated in sessions related to standard infection prevention
precautions.

Policies and procedures protocols and systems were in place regarding the management of complaints in accordance with the requirements of the regulations.

Key policies and procedures had been reviewed and implemented in line with the most up-to-date infection and prevention control guidance.

Regulation 15: Staffing

An examination of the staff duty rosters over a three week period showed that due to the COVID-19 pandemic outbreak (whereby some staff were unable to work due to isolating) staff had been working flexibly to meet residents’ needs. Inspectors found that this situation prevailed at the time of inspection. For example, two staff members employed to organise and implement a social care programme for residents were partially redeployed to assist carers in providing residents’ routine care needs. This meant that residents did not have sufficient opportunities to participate in activities in accordance with their interests and capacities. See regulation 9 for details.

A recruitment drive initiated by the RPR had resulted in employment of an additional household staff (currently in quarantine), an additional activity therapist (commencing in September 2020) and carers. The staffing contingency measures ensured that the designated centre was clean. Temporary local arrangements were in place to cover maintenance staff and there was evidence of maintenance improvements completed including painting and placement of screens in the reception and visitors’ rooms and the centre and grounds were well-maintained.

A review of staff records showed that staff were recruited in compliance with employment and equality legislation, including the appropriate An Garda Siochana (police) vetting disclosures.

Arrangements were in process for staff to have annual leave following the pandemic.

Staff were seen to be supportive of residents and responsive to their needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development
There was evidence that staff had access to education and training, appropriate to their role and responsibilities. At the time of inspection staff were up to date on mandatory training, for example, fire safety, safeguarding of vulnerable adults, manual handling and food hygiene.

All staff working in the centre had completed the relevant training outlined in the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

Staff members who communicated with the inspectors had a clear awareness of the early signs and symptoms of COVID-19 and knew the importance of diligent observation of the residents they cared for and the need to report any changes promptly to nursing staff. In addition staff were trained in caring for residents with dementia and end of life care. They demonstrated that they were knowledgeable and skilled in the duties they carried out and they contributed to the relaxed happy atmosphere that prevailed in the centre.

Judgment: Compliant

Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

There were effective oversight and governance systems in place which ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance.

The leadership and management ensured that care and services were person centred in line with the centre's statement of purpose and stated objectives. As a result, the ethos of person centred care was evident in staff practices and attitudes.

The deployment of sufficient resources including staff was a priority for the RPR and inspectors found that this had been addressed through appropriate contingency plans and a robust selection and recruitment process.

The annual review of the quality and safety of care delivered to residents was prepared in consultation with residents and their families and contained a quality improvement plan.

Judgment: Compliant
### Regulation 34: Complaints procedure

A policy/procedures was in place regarding the management of complaints and it met the requirements of the regulations.

There was evidence from records and discussions with residents that complaints were managed in accordance with the policy. Many issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. However, a concern highlighted to management, the Chief Inspector and inspectors which had been investigated in accordance with the regulation and policy/procedures was still under further consideration by management.

Management agreed to forward the final response in respect of the investigation and any actions taken on foot of the complaint to the Chief Inspector.

**Judgment:** Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were in place and were updated in accordance with information received in relation to COVID-19. For example, the admissions and visitors’ policies which reflected information in line with a second COVID-19 outbreak and post-outbreak.

**Judgment:** Compliant

### Quality and safety

Overall, the inspectors found that the care and services provided to the residents was of a good standard and was safe. Inspectors saw evidence of individual residents’ needs being met and a good level of compliance with regulations and standards. Managers and staff promoted a person-centred approach in line with the centre’s statement of purpose. Some improvements were required in infection control practices, the management of risk in the centre and in the provision of social care and meaningful activities.

Residents who spoke with the inspectors confirmed that their experience of living in the centre was positive. They felt that their well being was supported by staff in their daily interactions, particularly when they were cocooning during the COVID-19 outbreak. During the inspection staff were observed engaging with residents in a
kind and supportive manner.

From a review of a sample of residents' care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of residents were assessed and that appropriate interventions and treatment plans were being implemented. Clinical risk assessments were regularly revised and these informed the residents' care plans. Residents’ skin and pressure area care was closely monitored and there was a low incidence of wounds and pressure ulcers in the centre. At the time of the inspection residents had access to their general practitioner (GP) on site in the centre. In addition residents were supported to avail of additional allied health professionals and psychiatry services as required.

The care and support provided was observed to be person-centred, and daily routines such as bed and meal-times were based around resident choice and autonomy. However, the social care programme provided did not fully meet the needs of all the residents. This had been identified by the provider who had initiated appropriate measures to address the non-compliance.

Staff were knowledgeable about individual residents' needs and interests, and were observed providing assistance in a caring and respectful manner. Call bells were answered in a timely manner. Staff were observed encouraging and promoting hand hygiene and cough etiquette at appropriate moments, and were knowledgeable on signs and symptoms of COVID-19 and the need for prompt reporting of same.

Since the Department of Public Health (DPH) confirmed that the outbreak was declared recovered every effort was being made to normalise residents' lived experiences including encouraging residents out of their rooms into the communal areas albeit with appropriate social distancing. During the inspection, inspectors observed good interactions between staff and residents which helped to create a positive, welcoming atmosphere and a relaxed environment for residents.

A unit (10 single bedrooms) referred to as an isolation area had been identified in the designated centre for newly admitted residents and those residents suspected or confirmed as having COVID-19. Potential risks associated with infection in this unit and highlighted by the inspectors were not identified in the designated centre's risk register and as a result appropriate measures were not in place to safely manage these risks.

Non-occupied rooms were terminally cleaned and ready for use when required. Adequate supplies of Personal Protective Equipment (PPE) were available.

Arrangements had been put in place for residents to receive visitors, in accordance with the public health guidance.

**Regulation 11: Visits**

The centre operated an open visiting policy prior to COVID-19. However, due to
Public health guidelines during the pandemic restrictions meant that normal visiting arrangements ceased with the exception of compassionate visiting by relatives or close friends of residents receiving end-of-life care. Relatives were then facilitated to spend time chatting to their loved ones through their bedroom windows or windows in communal rooms. Masks were obligatory for visitors as windows were open during these visits. Residents also used the telephone and staff assisted with video calling using mobile technology to keep in contact with their relatives. In addition, the centre had facilitated visits in the garden courtyards. Visitors were encouraged to contact the centre to book a slot, and 10 slots were made available across the three units each day.

The centre was COVID-19 free at the time of this inspection and arrangements for residents to receive their visitors in private were in progress, in line with HPSC guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

Visiting was facilitated by the reception and management staff. This took place in the visitors' room where visitors could enter the room via an external door and did not have to pass through the centre. A perspex screening was erected between residents and their visitors to ensure social distancing. A record of visitors was maintained to ensure that staff on duty knew who was in the building and to ensure that appropriate identification and contact tracing procedures could be followed in the event of any future outbreak.

Judgment: Compliant

**Regulation 12: Personal possessions**

The matter arising from the previous inspection which related to the management of residents’ finances was satisfactorily actioned.

Judgment: Compliant

**Regulation 13: End of life**

Policies and procedures were in place to guide staff when a resident’s condition deteriorated and the resident was assessed as requiring end-of-life care.

A review of a sample of two residents' end-of-life care plans described person-centred care procedures that respected the values and preferences of each resident and their families. A comfort care plan was enacted once a resident was end of life care to ensure all comfort measures were in place.
Details regarding each resident's wishes in respect of their physical, psychological and spiritual care to meet their needs was described. This information also included residents' specific preferences and wishes regarding where they wished to receive their end-of-life care and the arrangements for their final resting place.

Staff were knowledgeable in relation to the procedures to be put in place and these were implemented in practice. Where decisions had been made in relation to advanced care directives, such decisions were recorded clearly and staff were knowledgeable about residents’ preferences for care at end of life. Advanced care decisions were prepared and reviewed in consultation with residents, their GP and family members.

Although not actively involved with supporting any residents in the centre at the time of this inspection, links with the local palliative care team were established and staff could make referrals for expertise from this service.

Anticipatory prescribing was in place during the COVID-19 outbreak to ensure residents were provided with timely effective pain and symptom management.

Staff who spoke with inspectors confirmed that every effort was made to facilitate residents to have their relatives/significant others with them at the end of their lives during the COVID-19 outbreak.

Judgment: Compliant

Regulation 26: Risk management

In line with the centre's COVID-19 contingency plan the provider had identified an isolation unit with 10 single bedrooms for the purpose of isolating residents newly admitted to the designated centre in line with HSPC guidance.(Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

However on inspection the inspectors identified that some of the risks associated with opening this unit had not been appropriately managed by the provider;

- the sluice on the unit did not have a bed pan sanitiser which meant that staff from this unit needed to access the bedpan sanitiser on a neighbouring unit.
- the staffing rosters had not been arranged to ensure that all staff working on the isolation unit were not working on other units in the designated centre.

Judgment: Substantially compliant
Regulation 27: Infection control

Inspectors found that the environment was clean, safe and well maintained. There was a comprehensive cleaning schedule in place for all areas including for frequently touched areas such as handrails and door handles. Residents’ bedrooms and the communal areas were cleaned daily. Housekeeping staff were increased during the COVID-19 outbreak in the centre. A deep clean had been carried out following the outbreak.

Staff who communicated with the inspectors confirmed that they had attended training on COVID-19 infection, hand hygiene and donning and doffing personal protective equipment (PPE). Sufficient supplies of PPE were available to staff in the centre. Inspectors observed good practice in staff wearing PPE and posters were on display to remind staff of the correct procedures in line with the current guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

However the inspectors found that the unit the provider had identified as suitable for those residents who needed to be isolated due to confirmed or suspected COVID-19 infection required the following improvements;

- The nursing staff on duty on this unit at night was also covering nursing duties on other units and rosters showed that members of the housekeeping team were also working between the isolation unit and other units in the designated centre.
- there was no hand washing sink on the corridor area in the isolation unit
- open top waste bins were located on some corridors.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The administration of medicines to some residents was observed during the inspection. Medication management was not in accordance with the regulation as medication trolley was not secured when unattended.

Judgment: Substantially compliant
### Regulation 5: Individual assessment and care plan

Information reviewed in eight care plans showed that each resident’s needs were comprehensively assessed on admission and regularly thereafter including their additional needs and support during the recent COVID-19 pandemic.

Staff used accredited assessment tools to assess each resident's needs.

A person-centred care plan was developed based on the assessed needs and in consultation with the resident and resident’s relative(s).

Inspectors observed staff to be person-centred in their interactions with residents and they knew each resident’s current health needs and preferences as described in their care plans.

Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out for each resident in line with HPSC guidance. Residents’ temperatures were recorded twice daily and staff were aware of symptoms of COVID-19.

Effective evidence based wound care procedures were implemented for residents with wounds. Wounds and skin monitoring charts were in place.

Some residents experienced weight loss secondary to COVID-19 infection. These residents were now progressively gaining weight and were being closely monitored by staff. Access to a dietician and speech and language therapy services was available. Residents were offered the choice of eating in the dining room with social distancing guidelines observed.

A twice daily record was entered by nursing staff regarding each resident's well being, care provided and treatments implemented. This record gave a good overview of how residents' care was delivered.

**Judgment:** Compliant

### Regulation 6: Health care

During the COVID-19 outbreak in the centre, GP visits to the centre were suspended. GPs were contacted remotely by nursing staff and following a clinical discussion the GP gave instructions to staff with regard to residents' care. This arrangement ensured there were no delays for residents with receiving appropriate interventions and having treatment plans to meet their needs. At the time of this inspection GPs were operating in the centre and residents' routine medical reviews were being undertaken.

There was evidence of the involvement of external professions including dietician,
speech and language therapist and chiropody in order to support residents’ health and well being. Recommendations and treatment plans developed by specialist health and social care professionals were documented in residents’ care plans and implemented by staff. Residents continued to have access to community psychiatry of older age, palliative care and tissue viability nursing services remotely. Physiotherapy services were provided internally by the RPR. Inspectors observed the physiotherapist working with residents during the inspection and it was confirmed that all residents were seen by the physiotherapist according to their assessed needs.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

Some residents accommodated, occasionally, displayed episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors found that there were systems in place to support these residents to manage their responsive behaviours. These were well-managed with person centred de-escalation strategies implemented by staff who knew each resident and their individual preference. Positive behavioural support care plans were developed for these residents.

These plans of care and support for residents detailed the triggers to any responsive behaviours and effective person-centred de-escalation techniques to support residents and ensure a reduction in their distress. Residents were enabled to access the centre's enclosed pleasant and safe garden area as they wished.

Judgment: Compliant

**Regulation 8: Protection**

The matter arising from the previous inspection which related to implementing the safeguarding policy and procedures and ensuring staff were trained was satisfactorily addressed.

Judgment: Compliant

**Regulation 9: Residents' rights**
The matter arising from the previous inspection which related to improving the environment for residents in the dementia unit was satisfactorily actioned.

Residents were consulted with and encouraged to participate in the organisation of the centre through regular residents meetings. Inspectors reviewed records of the last residents’ two meetings. There was evidence of good discussion between residents. Residents told inspectors that they were made aware of the COVID-19 outbreak in the centre and that staff helped them to keep safe by assisting them in performing hand hygiene and social distancing.

As the centre had a major outbreak of COVID-19 the PIC explained that all staff had to assist with clinical and personal care for residents. As a consequence of this social care activity staff were still engaged in some of these activities, for example, assisting residents with nutritional intake. Inspectors noted that while there was some activity provision on day one of the inspection there were some residents who were not engaged in meaningful activities. On day two of the inspection more engagement of residents in meaningful activities was observed. The provider had identified this shortfall in activity provision and had recently recruited an additional social care staff member but this staff member had not yet commenced employment.

The activity coordinators maintained a daily record of the activities each resident participated in, however, there were some gaps in this documentation.

The hairdressing service had recently resumed at the centre and some residents did avail of this service on day one of the inspection. Residents told inspectors they were delighted with this service.

Residents had access to newspapers, radios, telephones and televisions.

Residents’ privacy was respected as staff were seen to knock on residents’ bedroom doors before entering and to close bedroom and toilet doors during the provision of personal care activities.

The centre had developed an established link with families and friends of residents to keep them updated on residents’ wellbeing. Communication with families of residents during the outbreak comprised of regular emails regarding the outbreak and visiting arrangements. The centre’s phones were monitored by non-clinical centre staff throughout the COVID-19 outbreak, thereby ensuring that clinical staff could devote their time to clinical care while the phones were answered.

Residents were supported to continue to practice their religious faith remotely during the COVID-19 outbreak in the centre. Routine visits and weekly Mass in the centre by religious clergy had not yet resumed. Access to the priest was facilitated for end of life care. The RPR and PIC were working to provide the necessary assurances to progress resumption of visiting clergy for residents.

Judgment: Substantially compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
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<td>Regulation 34: Complaints procedure</td>
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<tr>
<td><strong>Quality and safety</strong></td>
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<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
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<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
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<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
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<tr>
<td>Regulation 27: Infection control</td>
<td>Substantially compliant</td>
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<td>Regulation 29: Medicines and pharmaceutical services</td>
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<td>Regulation 5: Individual assessment and care plan</td>
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<td>Regulation 9: Residents’ rights</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 15: Staffing:
- The consequences of our Covid 19 outbreak impacted on our staffing and activity staff were redirected to support Residents routines and keep communication lines open between families and residents- It states in the report that “residents did not have sufficient opportunities to participate in activities” during our Covid 19 outbreak
- Residents were isolated in their rooms for a period of 3-4 weeks and the advice from Public Health at the time was that all social activities were to be curtailed to ensure restricted movement throughout the building and less interaction between staff and residents during this time-
- As outlined during the inspection we have successfully recruited an additional activity staff who has now started her employment.
- All other departments have full rosters with adequate numbers of staff to provide the service required to our Residents

| Regulation 26: Risk management | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 26: Risk management:
- Newpark was not built with the Covid 19 pandemic in mind and if staff need to access another unit to use this facility they use PPE and have been instructed to reduce their contacts and speedily carry out their task to minimize the risk.
- Our 10 bedded isolation unit provides us with the best opportunity to isolate residents on admission with least disruption to other residents. The majority of residents in this unit do not have sluicing requirements and are able to use the en-suite facilities provided.
• The staff Nurse on Night Duty only monitors this unit and as we are not in outbreak mode wears appropriate PPE and uses standard precautions as per Public Health Guidelines if required to enter the unit.

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 27: Infection control:</td>
<td></td>
</tr>
<tr>
<td>• The housekeeping roster is now back to full staff compliment with a dedicated staff member for the Aisling unit</td>
<td></td>
</tr>
<tr>
<td>• The staff Nurse on Night Duty only monitors this unit and as we are not in outbreak mode wears appropriate PPE and uses standard precautions as per Public Health Guidelines if required to enter the unit.</td>
<td></td>
</tr>
<tr>
<td>• The waste bins now have lids placed on all of them</td>
<td></td>
</tr>
<tr>
<td>• This unit has a sink in the bathroom at the end of the corridor and has two further sinks at the entrance to the unit in the treatment room and the bathroom</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</td>
<td></td>
</tr>
<tr>
<td>• Staff Nurses have been spoken to and reminded of their responsibilities with respect to medication management</td>
<td></td>
</tr>
<tr>
<td>• We have recently changed Pharmacy provider and have requested training for our Nurses in Medication Management</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9: Residents’ rights:</td>
<td></td>
</tr>
<tr>
<td>• As outlined during the inspection we have successfully recruited an additional activity staff who has now started her employment.</td>
<td></td>
</tr>
<tr>
<td>• We are implementing a new activity plan for our residents not withstanding than some</td>
<td></td>
</tr>
</tbody>
</table>
residents are still only fully recovering from the Covid outbreak
• Our activity staff log all daily residents activities on Epic Care and the diary which inspectors looked at is a communication tool which activity staff use for prompts and quick reference.
• As stated during the inspection our residents are only now getting back into a normal routine following our Covid outbreak and we expect to see our activities improve over the coming months.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(1)</td>
<td>The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation 26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/09/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance</td>
<td>Date</td>
<td></td>
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<tr>
<td>Regulation 27</td>
<td>The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.</td>
<td>Substantially Compliant</td>
<td>30/09/2020</td>
<td></td>
</tr>
<tr>
<td>Regulation 29(4)</td>
<td>The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.</td>
<td>Substantially Compliant</td>
<td>31/10/2020</td>
<td></td>
</tr>
<tr>
<td>Regulation 9(2)(b)</td>
<td>The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.</td>
<td>Substantially Compliant</td>
<td>30/09/2020</td>
<td></td>
</tr>
</tbody>
</table>