



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

Issued by the Chief Inspector

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:	Unannounced
Date of inspection:	21 June 2023
Centre ID:	OSV-0000150
Fieldwork ID:	MON-0039084

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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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:

Date	Times of Inspection	Inspector	Role
Wednesday 21 June 2023	09:15hrs to 17:15hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The residents spoke positively about life in the centre. They said they felt safe and secure living there. The inspector spoke with a number of residents and their relatives, who were visiting. Overall, both parties were satisfied with the standard of care provided.

The inspector walked around the centre with the person in charge, observing care practices, the environment and speaking with residents, staff and visitors. A lot of improvements had been carried out in relation to the premises, infection prevention and control practices and fire. The centre was found to be in compliance with all three of these regulations.

The inspector saw that all the issues identified on the last inspection report in relation to infection prevention and control had been addressed, including the installation of clinical wash hand sinks on a number of corridors. Clean and dirty items were stored safely including equipment. Laundry skips in use had lids and one sluice room had a newly installed bedpan washer and appropriate racking for drying equipment.

The inspector observed that the wardrobes in each bedroom had been reviewed and were now of adequate size for the residents to hang their clothes in them. Air conditioning had been installed in the treatment rooms across the centre and grab rails installed in a number of the residents' bathrooms. In addition, call-bells had been installed in the smoking areas together with lockable cabinets in the sluice rooms. The sliding door in the kitchenette had been repaired and storage rooms were organised, with hoists stored in store rooms.

All the issues in relation to fire had been safely addressed. However, combustible items stored in the boiler room required further review.

There were no visiting restrictions in the nursing home and on the day of inspection visitors were observed meeting with residents. Residents and visitors had access to a private visitors' sitting room.

The inspector observed good staffing levels on the day of inspection and following a review of staff rosters, discussions with residents and their families, the inspector was satisfied that staffing levels were adequate to meet the needs of residents.

The inspector observed lunch being served to residents eating food of normal and altered consistency. The inspector noted that all residents were not receiving the same food choices. On review with the person in charge and the chef, it was confirmed that residents who were receiving a modified diet, were receiving the previous day's vegetables, which were pureed together and served to those receiving a puree or soft diet the next day.

The inspector observed that draw sheets (washable incontinence bed sheets) were being used on the beds of residents that had been identified as having a pressure ulcer or at risk of developing a pressure ulcer. This practice did not reflect a high standard of nursing care as the use of these bed sheets was not in line with best practice or evidence-based.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The level of compliance in this centre had not stabilised. Although the non compliance's from the previous inspection had been addressed further non compliance's were identified. The centres system of oversight had not identified these non compliance's and therefore require strengthening.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspector found that some improvements had been made and the compliance plans from the previous inspection had been addressed however, the standard and quality of nursing care was not of an high standard in two key areas.

The governance of the centre had gone through a period of change. The new management team, included the appointment of two new person participating in management and a person in charge appointed in December 2022. The system used to oversee practices had been changed in quarter two of this year and although established, it had not been embedded in practice. The nursing care practices seen on the day of inspection had not been identified by this new system of oversight.

Staffing levels were good across all disciplines and there were no staffing vacancies. Staff had completed mandatory training, however the supervision of staff was not adequate to ensure staff were providing a high standard of care to residents.

Records were available for review, such as the certificate of insurance, statement of purpose, the residents' guide and staff files were fully compliant with the legislative requirements. However, the inspector was informed that older records that were found not stored safely during the last inspection were now stored in a secure area off site. This was not in line with regulatory requirement which required that some records are maintained on site for a minimum of 7 years.

Regulation 14: Persons in charge

The person in charge worked full-time and met the criteria to be named person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised. This was evidenced by the non compliance's identified under Regulation 18; Food and Nutrition and Regulation 6; Healthcare.

Judgment: Substantially compliant

Regulation 21: Records

Although current residents' records were available to review, the registered provider had not ensured that all records set out in Schedule 2 and 3 were retained in the designated centre for a period of not less than seven years.

Judgment: Substantially compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and

damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure a safe, appropriate and high quality service was provided to the residents in line with the statement of purpose were ineffective and required review. For example:

- While audits were being completed they had not identified areas for improvement or poor practices in respect of pressure area care or in the quality of food provided and the discrepancies between the choice of food available to residents on modified diets.
- Staff were not adhering to best practice or the centres own uniform policy - in relation to the wearing of jewellery.
- One of the two large clinical waste bins stored outside was not locked.
- The storage of combustible items in the boiler room required review.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the services and facilities that were provided in the centre.

Judgment: Compliant

Quality and safety

The inspector was not assured that residents were receiving a high standard of research based nursing care. The inspector found that although improvements had been made across most regulatory requirements identified as non-compliant on the last inspection, further improvements were required to ensure residents were in receipt of evidence-based nursing care.

Issues identified in relation to infection prevention and control had been addressed and improvements were observed, these included the installation of a number of clinical wash hand sinks on corridors throughout the nursing home. Staff were observed using these and the hand sanitisers provided throughout the course of the

inspection.

The premises was in the process of being redecorated. The maintenance men were working through a quality improvement plan and were in the process of re-painting a number of areas throughout the centre. Old broken furniture was being replaced or repaired, fabric chairs were being refurbished and covered with a washable fabric. The broken furniture was disposed of on the ground to the rear of the building, however the inspector was informed a skip had been ordered for its removal.

Fire issues identified previously had been addressed, with oxygen cylinders now stored in a covered secure cage outside the building.

The inspector noted that two areas of care required improvement. These included the manner in which food was prepared and served to residents and the pressure area care provided. Both these practices had a negative impact on the quality of nursing care been delivered to residents'. They also impacted negatively on residents' rights.

Regulation 17: Premises

The premises were well maintained. They were observed to be in a good state of repair inside and outside.

Judgment: Compliant

Regulation 18: Food and nutrition

Food served to some residents was not prepared or served in an appetising and dignified manner. The residents who were being assisted to eat their lunch and who had the consistency of their food altered had all their food mixed together in a bowl, so it was difficult to identify what exactly they were being served.

Residents who had the consistency of their food altered were not afforded and provided with the same choices as other residents.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms

and conditions, the complaints procedure and visiting arrangements.
Judgment: Compliant
Regulation 27: Infection control
The inspector found that processes to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks were overall in place.
Judgment: Compliant
Regulation 28: Fire precautions
The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company.
Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.
Judgment: Compliant
Regulation 9: Residents' rights
Some areas of practice required review to ensure the rights of residents were upheld at all times. For example:
<ul style="list-style-type: none"> Residents who were receiving puree or soft diet did not have the same choice of meals as those who were receiving a normal diet.
Judgment: Substantially compliant
Regulation 6: Health care
A high standard of evidenced-based nursing care was not being delivered to

residents. Non-evidenced based pressure area care was being provided. The bed linen used on the beds of residents who had been identified as having a pressure ulcer or having been assessed as at high risk of developing a pressure ulcer was not reflective of evidence based practice. The care being provided could potentially contribute to the development of pressure ulcers.

On the inspection it was noted that this was the only area where the standard of nursing care was not at the appropriate standard.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for Newpark Care Centre OSV-0000150

Inspection ID: MON-0039084

Date of inspection: 21/06/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>There will be a CNM or Staff Nurse present in the dining rooms to do daily checks on the serving of meals and to observe the dining experience for residents. This will be audited regularly. ‘Dining with Dignity’ training took place with an external training company on 11/07/23. SNs, HCAs and chefs attended this training. The trainer spent time in the kitchen with the chefs to advice on presentation and choice for residents with modified diets. All modified diets are now presented in a more appetising way and all residents have the same choices, despite their dietary needs. All</p> <p>draw sheets have been removed from the centre. To note, residents with heeled pressure ulcers were using draw sheets also and this was not observed to hinder healing.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Records storage was an issue previously highlighted in a HIQA inspection in August 2022. It was part of our action plan to move records off site to a secure unit with a storage company. The Action Plan was accepted by HIQA at the time. We will move all records back onsite to the nursing home.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There are very robust management systems in place. Evidence was given to the inspector to show regular meetings between senior management, and communication with staff. There was also evidence of quarterly clinical governance meeting and quarterly health and safety meetings. There are also staff department meetings. There are monthly audits and KPIs being gathered. Minutes of the meetings are kept, and meetings are attended by the wider multi-disciplinary team. A new set of audits tools were recently introduced to the centre. The DON will ensure a larger sample is used when auditing going forward. Prior to this inspection at a group DON meeting, it was agreed to start a new audit schedule from August 2023.</p> <p>In May 2023 the nursing home had an external Governance audit carried out and was found to have good governance in place in the nursing home with some QIPs to be followed up on.</p> <p>There is a clear Management structure in place with management supervising on the floor CNM's, ADON and DON. Also walk arounds carried out by PPIMs.</p> <p>Draw sheets – all draw sheets have been removed from the nursing home. KPI's on pressure ulcers was being gathered monthly and hadn't shown any area of concern.</p> <p>Food and Nutrition – Dining rooms to be supervised, Dining with Dignity training provided. All residents to have same meal choose each day. Modified diets now presented in a more appetizing way and not mixed together before serving.</p> <p>Wearing jewellery – all staff are adhering to best practice and uniform policy. On the day of the inspection the only issue in this area was a few staff were wearing necklaces, they have now agreed to remove these while at work.</p> <p>Clinical storage bins are being kept locked.</p> <p>Storage in the boiler – Combustible items have been removed.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>As above, training took place with SNs, HCAs and chefs around presenting and serving food in an appetizing and dignified manner. This is being monitored at each mealtime by a SN and CNM, and will be regularly audited. We have appointed 'dining champions' to observe practice, and the dining experience will be included in our next clinical governance meeting.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: As above, all residents now receive the same choices.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: On the day of inspection, the inspector noted that pressure ulcer was 'the only area where the standard of nursing care was not at the appropriate standard'. It was also noted that the use of draw sheets could 'potentially contribute to the development of pressure ulcers. All draw sheets have been removed from the centre. To note, residents with healed pressure ulcers were nursed on draw sheets also. KPIs on pressure ulcers were being gathered and reported to the board. There were no trends of concern in the KPIs between January to May 2023.</p>	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	31/07/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/08/2023
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3	Substantially Compliant	Yellow	31/08/2023

	shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/08/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	21/06/2023
Regulation 9(3)(a)	A registered provider shall, in	Substantially Compliant	Yellow	31/07/2023

	so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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