Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	15 June 2021
Centre ID:	OSV-0000150
Fieldwork ID:	MON-0033142

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:	68

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:

Date	Times of Inspection	Inspector	Role
Tuesday 15 June 2021	11:00hrs to 19:30hrs	Naomi Lyng	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day and the inspector communicated with 10 residents living in the centre as they went about their daily lives. From what residents told the inspector and from what the inspector observed, Newpark Care Centre was a good place to live where residents felt well cared for and reported a high level of satisfaction with the services delivered. However, there were some areas that were identified on this inspection as requiring improvement.

The design and layout of the premises promoted a good quality of life for residents. The centre is based on one level and the inspector observed that residents had good access to communal sitting and dining room spaces. The inspection was carried out on a sunny day, and residents and visitors were observed enjoying the fine weather in three of the secure garden areas. These were pleasant spaces with outdoor furniture, personalised decoration and attractive planting. Staff were observed assisting residents to go for walks outside, and other residents were observed enjoying refreshments together in a shady spot. A pleasant, companionable atmosphere was evident on the day.

Residents told the inspector that they were satisfied with their bedrooms, and enjoyed the privacy that the ensuite provided. The inspector observed that there was sufficient space and storage for residents' needs and belongings, and that bedrooms were clean, personalised and decorated nicely. The inspector observed that not all residents in a multi-occupancy room had access to equal storage and seating, however was satisfied that the arrangements in place were based around the individual resident's needs and preferences. Some residents told the inspector that they enjoyed the view of the garden from their window, while one resident said they found their bedroom "peaceful and quiet".

Residents were complimentary of staff and told the inspector that staff were helpful, kind and caring. The inspector observed positive interactions where staff were polite, friendly and respectful. Staff were observed knocking on residents' bedroom and bathroom doors prior to entering. Staff who communicated with the inspector demonstrated good knowledge of individual residents' needs and preferences.

There were two activity staff working on the day of inspection and residents were observed to have opportunities to engage in activities and recreation in line with their interests and capacities. One resident told the inspector that they never felt bored and were kept busy throughout the day. Residents had access to televisions, music players, newspapers and magazines, and a number of residents were observed listening to music, reading magazines or completing puzzles on the day.

There was mixed feedback on the meals provided in the centre. Some residents told the inspector that the food was lovely and there was plenty of it, while others reported that the food was "fine" or "okay". The menu was displayed in a prominent location. One resident told the inspector that they found two choices of meals

limiting at times as sometimes they didn't like what was offered. The inspector observed a pleasant relaxed experience in one dining room at lunchtime, with gentle music playing and staff discreetly assisting residents with their meals at their own pace. Residents were offered a selection of hot and cold drinks, fruit, biscuits and cake in between meals. However, the inspector observed that there wasn't enough baked goods available for all residents and that some residents were offered a more limited choice as a result. In addition, the inspector observed that staff did not consistently offer choice when preparing drinks for residents.

The inspectorate had received unsolicited information in relation to visiting restrictions in the centre. The inspector reviewed records and communicated with staff and residents, and observed that the centre's visiting arrangements at the time of inspection were in line with "*COVID-19 Guidance on visits to Long Term Residential Care Facilities* (LTRCFs)." Residents were facilitated to receive visitors in their bedrooms, outdoors or in the designated visiting room.

Residents were generally supported to maintain independence in their daily lives in the centre. For example, hand rails were observed along corridors to assist residents to mobilise, and staff were observed assisting and encouraging residents to go for walks at their own pace. An on-site physiotherapist and physiotherapy assistant were available to promote active living, and facilitated exercise classes and gym sessions in conjunction with the activity staff. However, some improvements were required in relation to access to assistive grab rails in the centre to ensure that all residents were supported in a safe environment. This is discussed further under Regulation 17.

Residents were observed to be actively consulted about the running of the centre, and the inspector observed records of resident committee meetings that were held in May and April 2021. Relevant topics including COVID-19, visiting restrictions and activities were discussed in these meetings. The inspector observed that it was highlighted in a meeting in April that some residents had complained of feeling bored due to restrictions in the activity schedule, and they had been advised to communicate their ideas and suggestions to the activity staff. The inspector observed that 13 residents had completed a survey on the provision of activities in the centre, and the centre had also surveyed residents and visitors in March 2021 regarding their experience of visiting during the COVID-19 pandemic.

Residents told the inspector they felt comfortable raising complaints or concerns with staff, and one resident told the inspector that the "staff are great at fixing things for me." A number of residents informed the inspector that they had no complaints and enjoyed life in the centre. However, the inspector was not assured that informal complaints were being captured in the available complaints records. One resident reported that they had raised a complaint with staff, and while the inspector was satisfied that the provider had put in place appropriate measures to address the resident's complaints, a record of this was not available. This is discussed further under Regulation 34.

The next two sections of this report present the findings of this inspection in relation to the capacity and capability of the service, and the quality and safety of the

services delivered in the centre.

Capacity and capability

Overall this was a well managed service in which the provider demonstrated a clear commitment to providing a quality service for the residents. While the provider had put in place a number of measures and resources to address findings of non-compliance on the previous inspection, the inspector found that some improvements were still required to ensure that the service was appropriately monitored.

This was an unannounced risk based inspection to monitor the centre's compliance with the regulations and took place over one day.

Newpark Care Centre Ltd is the registered provider of the centre, and has two company directors including the registered provider representative (RPR). There was a clear management structure in place, with the RPR, chief financial officer (CFO) and a full-time and appropriately experienced person in charge (PIC). The PIC is supported in her role by a clinical nurse manager (CNM) who deputises in her absence. There was evidence of regular communication between management and staff via handovers and emails in relation to relevant topics including training, visiting, serial testing and COVID-19 updates.

There was adequate levels of staffing available in the centre to meet residents' needs, and included nursing, care, physiotherapy, activity, kitchen, household and maintenance staff. There were clear lines of accountability and authority within the centre, and included health care managers and senior health care assistant staff.

Although some improvements had been made since the last inspection, the inspector found that the management systems in place, including audits and incident reviews, required further improvement to ensure that the information gathered is consistently used to plan effective and timely action plans to deliver person-centred, safe and appropriate services and supports for the residents.

The inspector reviewed a sample of staff files and observed that these met regulatory requirements, including a full employment history and Garda (police) vetting clearance. There was also evidence of ongoing staff performance appraisals with identified learning and action plans for the year.

There was an annual review available for 2020, and this showed evidence of consultation with residents and families.

Regulation 15: Staffing

There was an adequate number and skill mix of staff available having regard to the needs of the residents and the layout of the centre. This included a staff nurse working in the centre 24 hours a day.

There was evidence of current registration with the Nursing and Midwifery Board of Ireland for nursing staff working in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were observed to have access to relevant training, including COVID-19 standard and enhanced precautions, clinical hand hygiene and donning and doffing personal protective equipment (PPE).

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not contain the name and address of any authority, organisation or other body which arranged residents' admissions to the designated centre as required by the regulation.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place required improvement to ensure that the services provided were consistently and effectively monitored and that appropriate action plans were carried out in a timely manner. This includes the oversight of care planning, premises, fire precautions, risk management, complaints procedures, infection prevention and control, healthcare and residents' rights. In addition, the oversight of documentation required improvement to ensure that records were maintained appropriately and did not contain institutional language.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

On discussion with residents, staff and management it was observed that while informal verbal concerns or issues, such as feedback obtained at resident meetings, were addressed immediately by staff, a record of the action taken and whether the complainant was satisfied with the outcome was not consistently documented.

Judgment: Substantially compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. However, the inspector found that a number of key areas required improvement to ensure that the services delivered were of a safe and quality standard and protects residents from the risk of harm. This included premises, care planning, access to health care, fire precautions, risk management, infection prevention and control (IPC) and safeguarding residents' rights.

The provider had made some improvements to the premises since the previous inspection, including the installation of a clinical hand wash basin for staff use on the Aisling unit and general maintenance. However, access to sufficient appropriate sluice facilities was not available on all units. This was a finding on the previous inspection.

The inspector observed from a sample of care records that residents had a comprehensive assessment of their health, personal and social needs on admission to the centre by an appropriate health care professional. However, care planning in the centre required enhanced monitoring to ensure it met regulatory requirements and effectively informed safe and appropriate care practices. This is discussed further under Regulation 5.

The inspector found that residents had access to a general practitioner (GP), specialist medical teams and allied health care professionals. This included consultant geriatric services, palliative care via the local hospice, community psychiatry of older age, occupational therapy, speech and language therapy, chiropody, dietetics, tissue viability nursing and on-site physiotherapy services. However, the inspector observed that not all nursing staff were sufficiently aware of the referral pathways to these services. This is discussed further under Regulation 6.

There was a low use of restraint in the centre, with two residents using bedrails at the time of inspection.

The inspector observed that there were a high number of falls recorded in the centre over the year. This had been identified by the clinical team and the provider had implemented an appropriate action plan, including updated falls prevention training for all staff, to address this risk. However, the inspector found that some recorded incidents and adverse events did not clearly identify an action plan or

measures to control the risk. This is discussed further under Regulation 26.

Residents' opportunities for engagement in activities in line with their interests and capabilities had improved since the previous inspection, and the inspector observed that residents were supported to take part in planned group and one-to-one activities.

The inspector found that fire safety management and fire drills required improvement to ensure that all residents could be safely evacuated from the centre in a timely manner in the event of a fire. The provider gave assurances that a fire risk assessment had been completed in May 2021 by an external fire safety consultant, and that the report had not yet been received at the time of inspection. This is discussed further under Regulation 28.

Regulation 17: Premises

The premises did not meet all requirements of Schedule 6 as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector observed that there was insufficient appropriate sluicing facilities available in the centre. The sluice facility on the Papillon unit had insufficient storage, and access to the bedpan washer and bin was blocked by equipment. The sluice facility on the Mayfield unit did not contain appropriate equipment to allow for effective sluicing in line with the infection prevention and control standards. In addition, this facility had insufficient storage to ensure effective sanitisation of equipment and flooring. The Aisling unit did not have a sluice facility.

There was insufficient suitable storage in the designated centre. For example, the inspector observed:

- residents' mobility equipment stored in a communal bathroom
- storage of items on floors in utility and storage areas

Of a sample of residents' bedrooms inspected, the inspector found that there was insufficient grab rails in some ensuite bathrooms. In addition, the inspector observed that the location of the grab rails in one ensuite bathroom required review to ensure that it was in close proximity to the toilet area to allow for effective use by residents.

There were no call bells available in one multi-occupancy bedroom in the event that a resident needed to alert staff or required assistance // this was addressed immediately when the inspector brought it to the attention of staff.

Judgment: Substantially compliant

Regulation 26: Risk management

From a review of records of incidents and adverse events in the centre, the inspector observed that arrangements for learning from these incidents was not always evident.

Judgment: Substantially compliant

Regulation 27: Infection control

Improvements were required to ensure that procedures consistent with the standards for the prevention and control of health care associated infections published by the Authority are implemented by staff. For example, the inspector observed:

- shared usage and inappropriate storage of hoist slings
- limited availability of hand sanitiser at the entrance to a unit where key code access is required
- a sink in the laundry room was badly corroded and did not allow for effective sanitisation
- some items of residents' equipment showed signs of wear and tear, for example pressure relieving cushions
- the inspector observed that a sluice facility did not contain a sufficient supply of hand sanitiser and paper towels for staff use and the last cleaning record available for the facility was in September 2020
- a staff hand wash basin observed in a sluice facility did not meet national standards requirements
- gaps in records of residents' daily temperature checks which was not in line with the centre's COVID-19 contingency plan

Judgment: Substantially compliant

Regulation 28: Fire precautions

From a review of fire drill records and communication with staff, the inspector was not assured that adequate arrangements were in place to ensure a timely and safe evacuation of all residents and staff. For example:

- It was unclear if sufficient resources were available for the timely evacuation of maximum and high dependency residents
- Staff were not consistently knowledgeable of the colour coding system in place for the evacuation of residents, which identified the level of assistance

a resident required from staff in the event of a fire
- Fire drill records did not provide evidence of realistic scenarios including full compartmental evacuations and night-time drills when the number of staff on duty was reduced.

In addition, the inspector observed that a fire door was not secured in a manner that would allow for automatic closing in the event of the fire alarm sounding. This was addressed immediately by the provider on inspection.

All aspects of this regulation were not fully reviewed on this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were required to ensure care plans were updated appropriately, reflected residents' current needs and informed staff practices. For example, from a review of a sample of care plans, the inspector observed that:

- one resident's care plan had not been updated to reflect medication changes prescribed by a consultant geriatrician
- two residents' care records did not contain a care plan for every identified need
- one resident's nutritional care plan had not been updated to reflect a speech and language therapist's (SALT) specific recommendations following assessment
- some care plans did not show evidence of consultation with the resident or, where appropriate, the resident's family

Judgment: Not compliant

Regulation 6: Health care

From a review of residents' care records and communication with staff, the inspector was not assured that additional professional expertise was consistently made available to residents when required. For example, a resident identified as having further deterioration in their swallowing impairment had not been reviewed by a speech and language therapist (SALT) since 2017.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Over the one day inspection, the inspector observed that some improvements were required to ensure that the centre consistently facilitated people to be as independent as possible and to exercise personal choice in their daily lives. For example:

- residents were not consistently offered choice in relation to snacks and drinks offered between meals
- one communal area was not adequately supervised at times and as a result residents were required to wait, for example, when requiring assistance to return to their bedrooms or to change the television channel

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Newpark Care Centre OSV-0000150

Inspection ID: MON-0033142

Date of inspection: 15/06/2021

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: An extra column was added to the Directory/Register of residents to facilitate recording of the name and address of the authority/organisation arranging the admission of residents.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The nursing home has now transitioned to a new management team, which is well-established in the care of older persons in residential care settings. The management team will share their established governance and management quality systems and will ensure that in future, services are consistently monitored, quality improvement plans will be put in place as required and implemented within designated timeframes. • There is a clearly defined management structure in the nursing home. The Person in Charge (PIC) and the Clinical Nurse Manager (CNM) are in post; both have several years' experience in caring for older persons, the PIC has an appropriate management qualification in accordance with Regulation 23 and has been found fit for purpose by the Authority. • The PIC is supported daily by the regional Healthcare Manager and Director of Care Services, both of whom are Persons Participating in Management (PPIM) for the nursing home. The Healthcare Manager visits the home at least weekly and is available for advice, discussion and consultation. • The staffing roster is produced in advance and there are appropriate designated staff in	

charge of the home when the PIC or CNM are not on site.
• The PIC is aware of all operational issues in the nursing home as there are regular communication meetings and handover meetings held.
• The PIC is available to meet with residents and family members as required, and regularly meets residents throughout the day to ensure that they are safe, comfortable and content.
• The PIC reports all key performance indicators (KPIs) on a weekly basis so that there is a good awareness of all safety and quality issues as well as capacity and capability of the home.
• Each resident is assessed using a suite of validated clinical risk assessment tools, such as The Braden Score, Stratify Falls Risk and MUST Nutritional screening tool.
• The home is supported by a Healthcare Manager, Quality & Safety, who conducts an overall assessment of risks and compliance at least annually. Following this assessment, a report is produced, and the PIC completes an action plan which is implemented against set timelines.
• A monthly management team meeting will be introduced and attended by the Healthcare Manager to ensure the oversight of all aspects of care, quality, services and health and safety in the nursing home.
• An annual review will be completed to review all aspects of quality, safety, capacity and capability.
• An audit management system will be introduced to audit and evaluate all aspects of care, services and health and safety including IPC. The outcome of the audits will be reviewed at the monthly meeting.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• The nursing home welcomes all suggestions and complaints from residents, relatives/representatives, and visitors. Complainants are made aware that their complaints are taken seriously and assured of the commitment to investigate fully and respond to their concerns within an agreed timeframe.
• All complaints will be acknowledged, investigated and addressed in line with the Complaints Procedure in the nursing home.
• We will enhance the complaints recording system and all complaints will be logged electronically; this will facilitate oversight and review of each complaint and allow monitoring and review of data in respect of safeguarding and trends.
• Satisfaction of complainants will be monitored, following the investigation and response to their complaint. Complainants will be informed of any actions and quality improvements implemented as a result so that they are reassured that their complaints have been taken seriously and that decisive action has been taken to prevent recurrence.
• We will ensure that complainants have access to an appeals process if they remain dissatisfied with the outcome of their complaint.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The sluice room in Papillon has been cleared of inappropriate equipment.
• Work has been scheduled to install a staff hand wash basin in the sluice room, in accordance with national standard requirements.
• A full review of storage and sluicing facilities will be undertaken by our facilities department and appropriate action will be taken.
• The quantum and location of grabrails will also be reviewed.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
• A daily safety pause will be introduced to discuss all pertinent issues, incidents and any adverse events on the day.
• There is a weekly MDT meeting and incidents will also be reviewed at this forum.
• A monthly management team meeting will be introduced and attended by the Healthcare Manager and a representative from each department, to ensure the ongoing oversight of all aspects of care, quality, services and health and safety.
• A health and safety committee will meet quarterly.
• All incidents will be logged electronically; this will facilitate management oversight and review of each incident and allow monitoring and review of reports in respect of safeguarding and trends.
• We will create an electronic risk to register where all environmental and physical risks will be logged. This will include risk ratings and actions taken to mitigate any risks.
• Individual risk assessments will be completed for residents when risk has been identified. There is a suite of evidence-based validated risk assessment tools for the assessment of a range of clinical risks, including the Braden Score, MUST nutritional assessment tool, Stratify Falls Risk assessment, among others.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection

control:
• As part of the review of IPC procedures, the use of shared hoist slings has ceased. Hoist slings have been provided for individual use and these are stored in the residents own room.
• Additional hand sanitisers have been provided at the entrance of each unit.
• The sink in the laundry room was cleaned and is in good condition with no corrosion noted following cleaning.
• Pressure-relieving equipment with evident wear and tear has been removed form use and will be replaced.
• The sluice room in the Papillon unit has been cleared of inappropriate storage and sufficient supplies of sanitiser and paper towels have been made available. Cleaning records have been updated and are monitored to ensure that they are completed. Staff have been reminded of the importance of recording all observation checks accurately and on time.
• The PIC and CNM monitor the daily records to ensure there are no gaps in the recording of residents' twice daily temperature checks, oxygen saturation levels, respiratory rate and blood pressure recordings, as part of the COVID surveillance procedures.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• A Fire Safety Self-Assessment will be completed by the PIC, Healthcare Manager, Quality & Safety Healthcare Manager, and the Facilities Manager. An action plan will be put in place dependent on the findings.
• Works required in relation to the premises are currently being reviewed and planned.
• A system of record-keeping will be introduced to ensure high risk areas for evacuation are focused on during fire drills, including the largest compartment and the areas with maximum dependency level residents.
• We will conduct fire drills simulating night-time conditions.
• A Personal Emergency Evacuation Procedure (PEEP) register will be introduced, and this will include the evacuation requirements of each resident within each compartment and will indicate which residents have Ski sheets.
• Fire drills will be scenario-based, and an evaluation of performance will be recorded, including attendees and recommended improvements. A learning outcome will be put in place with an action plan as required.
• Fire Safety Awareness training was completed on 05/08/21 and 19/08/21, the remaining staff are scheduled to attend training on 26/08/21.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• A comprehensive assessment of all residents is undertaken on admission to the Nursing Home and an individualised care plan is prepared within 48 hours of admission. The assessment and care plan reflect residents' changing needs and identify the support required to maximise the residents' quality of life in line with their wishes.

• All care plans are reviewed at intervals not less than 4-monthly or sooner if a resident's condition or circumstance changes. These reviews monitor the effectiveness of the residents' support and treatment provision and promote improved care outcomes.

• Wherever possible, the care plans will be prepared in consultation with residents and/or their designated representative and will reflect each individual resident's preferences and choices. A record of consultation will be documented in the electronic care file.

• Progress notes are reviewed to confirm that all these needs are met, and that care is delivered in accordance with the resident's individualised person-centred care plan, considering the resident's current medical, health and lifestyle status. The specific medical condition of the residents is included in the care plan, and this is regularly reviewed by the residents' GP, the PIC/CNM.

• The named nurse, CNM and PIC ensure that all personal care needs are recorded, including the level of assistance and intervention required with activities of daily living such as washing, dressing, mobilising, eating or drinking, accessing toilet facilities and continence care.

• The nurses and CNM direct and guide HCAs regarding the levels of care required and provide supervision to ensure that care is delivered in accordance with the plan of care and with respect to residents' preferences and choices.

• The PIC and CNM have provided clinical oversight to facilitate all named nurses to review each resident's assessments and care plans. They will ensure that the assessments inform the plan of care, that the care plan is individualised and person-centred, considering the resident's current medical, health and lifestyle status.

• The PIC ensures that specific medical conditions are outlined so that appropriate care is provided safely, effectively and consistently.

• We will ensure that all care plans are regularly audited and reviewed by the PIC and CNM so that suitable nursing care interventions are implemented as required.

• Findings and recommended improvements will be discussed at nursing staff meetings, at daily handovers and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated as they occur.

• The PIC, supported by the Healthcare Manager, will ensure that all staff understand what we mean by a Human Rights-Based Approach to Care, with respect to residents' health and social care needs, ensuring that they are always treated with respect and dignity.

• Staff will be encouraged to communicate with residents in a person-centred way that respects the residents' autonomy. Any decisions about residents will always be made based on the residents' will and preferences

• The PIC, supported by the Healthcare Manager, will ensure that all staff have access to training and mentorship for professional development in the area of care planning.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• The PIC ensures that all residents who require referral are appropriately referred to SALT and Dietetics.
• Assessments and care plans are completed to reflect any changes in relation to the individual resident's condition and these will incorporate the recommendations of the SALT and dietician.
• The resident identified on the day of inspection was referred to SALT for reassessment on 26/06/21.
• The PIC and CNM monitor residents care plans as part of an auditing process.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The PIC, supported by the Healthcare Manager, will ensure that all staff understand what is meant by promoting a Human Rights-Based Approach to Care, with respect to residents' health and social care needs, ensuring that they are always treated with respect and dignity.
• Each resident has a full assessment of their care needs on admission, including the need for personal care and assistance required to perform all activities of daily living.
• Residents and/or their designated representative are consulted regarding their care plans and their informed consent is obtained for treatment.
• The care needs are recorded in the care plan, communicated to all staff and updated twice daily in the progress records.
• A daily menu is displayed, and choice is available at every meal.
• All residents have an assessment of their nutritional status, including special dietary requirements, preferences and portion sizes. Staff will be monitored to ensure that residents are offered choice in relation to snacks, drinks and meals at every service.
• Residents' meetings are held and facilitated by management on a regular basis. All issues are discussed and acted upon by the management team.
• Civil, political, and religious rights are arranged to ensure that Newpark Care Centre activities are conducted with due regard to gender, religious beliefs, racial, cultural and linguistic origin and any disabilities of residents.
• Residents are aware of their right to lodge a complaint.
• Newpark Care Centre provides telephone and internet access for residents.
• A review of staff availability to assist residents will be undertaken to ensure that as far as reasonably practicable staff are available to meet residents' care needs as soon as possible at the point of request.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	16/06/2021
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.	Substantially Compliant	Yellow	30/09/2021
Regulation 26(1)(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/10/2021

	risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/09/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	30/09/2021
Regulation 27	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	Substantially Compliant	Yellow	31/08/2021

	staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	26/08/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/10/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have	Substantially Compliant	Yellow	31/08/2021

	been assessed in accordance with paragraph (2).			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/08/2021
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	13/08/2021
Regulation 9(3)(a)	A registered provider shall, in	Substantially Compliant	Yellow	31/08/2021

	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.			