

Health Information and Quality Authority  
Social Services Inspectorate

Regulatory Monitoring Visit Report  
Designated centres for older people



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| <b>Centre name:</b>                      | Newpark Care Centre  |
| <b>Centre ID:</b>                        | 150  |
| <b>Centre address:</b>                   | Newpark  |
|  | The Ward   |
|  | Co Dublin  |
| <b>Telephone number:</b>                 | 01-864 3465  |
| <b>Fax number:</b>                       | 01-864 3472  |
| <b>Email address:</b>                    | <a href="mailto:info@newparkcc.ie">info@newparkcc.ie</a> / <a href="mailto:matt@newparkcc.ie">matt@newparkcc.ie</a>  |
| <b>Type of centre:</b>                   | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public   |
| <b>Registered providers:</b>             | Newpark Care Centre Ltd  |
| <b>Person in charge:</b>                 | Rita Gallagher   |
| <b>Date of inspection:</b>               | 29 May 2012  |
| <b>Time inspection took place:</b>       | <b>Start:</b> 10:40 hrs <b>Completion:</b> 15:40 hrs   |
| <b>Lead inspector:</b>                   | Leone Ewings   |
| <b>Support inspector:</b>                | None   |
| <b>Type of inspection:</b>               | <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced   |
| <b>Purpose of this inspection visit:</b> | <input type="checkbox"/> Application to vary registration conditions<br><input type="checkbox"/> Notification of a significant incident or event<br><input type="checkbox"/> Notification of a change in circumstance<br><input type="checkbox"/> Information received in relation to a complaint or concern<br><input checked="" type="checkbox"/> Regulatory Monitoring Visit Report |

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Additional inspections** take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Newpark Care Centre is a purpose-built, single-storey building surrounded by landscaped gardens. Two internal courtyard gardens provide secure seating, with planting and water features. An additional new garden walkway with specialised safety surface provides secure outdoor space for residents on Papillion.

Accommodation consists of 69 single bedrooms all with en suite shower and toilet facilities and one triple bedroom with shared en suite shower and toilet facilities. All doors and corridors are wide and spacious.

A large open nurses' station, with two smaller nurse's areas were available, for staff and visiting professionals to use. A large physiotherapy/treatment room is available and is fully equipped. The centre has a hairdressing salon available for use.

The centre accommodates mainly older people on a long-term basis. However, at the time of the inspection two short-term respite residents were also resident. Registration is in place to take up to six residents for respite care.

Mayfield has 30 single en suite bedrooms and communal day space. The Papillion unit is dementia focused and has 32 beds, separated by communal day space into two separate areas of accommodation. There is one three-bedded shared room with en suite and 29 single en suite bedrooms. A smaller number of residents are accommodated in Aisling, a designated unit, with 10 beds that provides care for residents with a history of mental health difficulties.

The centre has a bright, furnished reception area with comfortable seating, a large separate visitors' room, and visitors' toilet. The visitors' room overlooks open countryside and is adjacent to a wheelchair accessible paved garden area.

There are two dining areas, a large main dining room and a separate day/dining area in the dementia specific unit. The kitchen facilities cater for all resident requirements in house.

A large spacious laundry room is provided for in house laundry requirements. There is ample parking to the front of the building.

### Location

Newpark Care Centre is located in a rural area of north county Dublin known as "The Ward" between Swords, Blanchardstown and Ashbourne, just off the main N2 road.

It is set on approximately 20 acres of landscaped grounds.

|   |          |
|---|----------|
| <b>Date centre was first established:</b>             | May 2004 |
| <b>Number of residents on the date of inspection:</b> | 71       |
| <b>Number of vacancies on the date of inspection:</b> | 1        |

| <b>Dependency level of current residents</b> | <b>Max</b> | <b>High</b> | <b>Medium</b> | <b>Low</b> |
|--|------------|-------------|---------------|------------|
| <b>Number of residents</b>                   | 20         | 12          | 19            | 20         |

### **Management structure**

The Provider is a limited company, Newpark Care Centre Ltd. There are three directors, Matt McCormack works at the centre in a full time management capacity. Another director, Tom McCormack also works at the centre.

Rita Gallagher is the Person in Charge. She and Matt McCormack work together on an ongoing basis with clearly defined individual management responsibilities. The catering and household staff report to Matt McCormack. The Person in Charge is supported in her role by a senior nurse who reports to her on a day-to-day basis. Nursing staff report directly to the Person in Charge. The care assistants report directly to a senior care assistant who in turn reports to the nurse on duty in each section.

| <b>Staff designation</b>                            | <b>Person in Charge</b> | <b>Nurses</b> | <b>Care staff</b> | <b>Catering staff</b> | <b>Cleaning and laundry staff</b> | <b>Admin staff</b> | <b>Other staff</b> |
|---|-------------------------|---------------|-------------------|-----------------------|-----------------------------------|--------------------|--------------------|
| <b>Number of staff on duty on day of inspection</b> | 1                       | 3             | 11                | 3                     | 5                                 | 2                  | 4*                 |

\*maintenance staff, physiotherapist and two activities staff members

### **Summary of findings from this inspection**

The centre is built to a high standard. The provider and person in charge were closely involved with the design and build and internal changes and reconfiguration of facilities. All residents have full access to the fully equipped physiotherapy room and all other facilities.

An application for variation of registration was made following the completion of internal changes to reconfigure facilities at the designated centre that increased bed

numbers to 72 in total. The inspector was notified on 24 June 2011 the building works were complete and inspected on 29 June 2011. The two action plans from the last follow-up inspection on 25 May 2010 had been fully addressed, staff files were compliant with the legislation and improvements to the residents guide had been completed and placed in each resident's room. Registration was granted for 72 persons on 18 July 2011.

The current certificate of registration was displayed in full near the nurses' station on Mayfield. The provider was found at the time of inspection to be operating in full compliance with the conditions included in the certificate of registration.

The provider met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Overall the inspector found that this centre was very well managed, it met most of the Standards and exceeded them in several ways. All of the residents and their relatives spoke highly of the governance of the centre. Inspectors found that resident's health needs were met and residents were involved in planning their care and had input into their daily lifestyle and activities inside and outside the centre.

### Comments by residents and relatives

Residents spoke to the inspector and expressed satisfaction with care provided, activities, meals and facilities at Newpark.

## Governance

### Article 5: Statement of Purpose

The inspector reviewed the statement of purpose dated June 2011 which was submitted following registration of additional beds. The Inspector was satisfied it accurately described the aims, objectives and ethos of the centre and the services that were available to residents. It meets the requirements of Schedule 1 of Regulations.

The inspector observed that the service's capacity to meet all the diverse needs of residents, as outlined in the statement of purpose, was reflected in practice. The profile of the residents reflected the statement of purpose with residents whom were older people, residents living with dementia and residents living with mental health difficulties. Staff knew residents as individuals. This was confirmed in conversation with residents. The person in charge was aware that the statement should be kept under review and made available to residents on admission and following updating and any proposed changes in service provision.

### **Article 15: Person in Charge**

The person in charge has demonstrated a strong level of leadership and person centred management style. She is a qualified general nurse and has post graduate qualification in Gerontology. She also has many years experience working with older people in designated centres and has been person in charge at Newpark since August 2005.

She demonstrated a person-centred approach to her role, and is knowledgeable about each resident and communicates well with families and friends of residents. All staff at the centre report to her and she in turn reports to the provider. She is supported by a senior staff nurse who takes charge in the absence of the person in charge.

### **Article 16: Staffing**

Staffing was found to be adequate with clear reporting structures. All staff spoken with were clear about their roles and responsibilities and were able to explain these to the inspector. The induction process included fire training, moving and handling training and elder abuse training. Staff files evidenced details of extensive training and implementation of same at Newpark Care Centre.

The actual staff roster reflected the proposed staffing arrangements for the person in charge who was found to work on a full-time basis. A senior staff nurse was also in post and he reported in to the director of nursing. Unplanned leave was covered by using their bank of part-time employees. Annual leave was covered for on the rota.

A record of nurses' current registration status with An Bord Altranais was also available and checked against the staffing roster. Staff files were not examined in details on this inspection in respect of persons employed. All the information required by Schedule 2 of the regulations was available at the time of the last inspection on 29 June 2011.

### **Article 23: Directory of Residents**

The inspector viewed the directory of residents. The directory contained the facility to record all the information required by schedule. The directory was found to be well maintained and up to date relating to all admissions, discharges and temporary transfers.

### **Article 31: Risk Management Procedures**

The findings of the inspection were that the health and safety of residents, visitors and staff were being promoted and protected. Management and staff working at the centre have implemented the policies and procedures. A culture of managing any identified risk was evident and resident safety was a management priority.

The emergency plan was in place to outline clear procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. Inspectors spoke to staff and found they were familiar with the contents of the emergency plan and reporting structures in case of an emergency and all were clear on the policy in place.

The reception area was manned and a visitors log in place to monitor the movement of persons in and out of the building. There was a missing person policy, which included clear procedures to guide staff should a resident be reported as missing. closed circuit television (CCTV) was found to be operating and front door entrance area and was monitored from the nurses' station. An electric security gate is closed each evening for the nighttime period and can be opened by the nurse in charge of the centre as required.

Centre-specific infection prevention and control policies and procedures were found to be in place. Hand-washing and drying facilities and hand disinfectant gels were available at the nurse's stations and at reception area. Inspectors noted that further to a recent outbreak at the centre, a deep clean of the premises had taken place.

### **Article 39: Complaints Procedures**

A complaints policy was in place and visibly displayed at the designated centre. The provider was identified as the complaints officer and in his absence the person in charge will deal with any complaint. Agreed timelines for dealing with complaints were identified within the policy. An abbreviated complaints process was included in the statement of purpose. The process contained an independent appeals process with a named independent person. This is described as 'peer review' by the provider.

The person in charge told inspectors that she had not had to deal with any written complaints since the last inspection and had dealt with local issues reported to her. For example, items of residents clothing which had gone missing which had subsequently been found all of which had been addressed.

### **Article 36: Notification of Incidents**

Practice in relation to notifications of incidents was satisfactory. The inspector reviewed a record of all incidents/accidents that had occurred in the centre since the previous inspection and cross-referenced these with the notifications received from the centre. Follow up post incident or accident was found to be of a good standard. Residents had a full medical and nursing review with referrals documented and facilitated as required. Quarterly reports returned were detailed and outlined actions taken to prevent recurrence of the incident and maintain the safety of residents. A monthly risk management meeting was held by the provider and person in charge and staff working at the centre to review incidents and falls that had taken place at the centre. The inspector reviewed the minutes of the most recent meeting, which took place on 17 May 2012. They were found to be detailed and pro-actively sought to prevent recurrence of incidents.

## Resident Care

### Article 9: Health Care

The arrangements to meet residents' assessed needs were set out in individual care plans. Each resident had a care plan completed in the sample reviewed. Personal profiles contained a copy of the plan of care, moving and handling assessments and information on residents' daily choices and wishes to include when they wished to get up, go to bed, spend time alone, food likes and dislikes, their interests and hobbies.

The assessment tools used to evaluate resident's progress and to assess levels of risk for deterioration were in relation to vulnerability to falls, moving and handling, dependency, nutrition and continence risk assessment. The inspector reviewed six residents' care plans in detail and certain aspects within other plans of care. The inspector found that all files reviewed were comprehensive and person centered from a healthcare perspective. There was a record of the resident's health condition and treatment given completed twice daily. In the sample of care plans reviewed there was evidence care plans were updated in response to a change in a resident's health condition. Risk assessments were regularly revised and the plan of care updated accordingly. There was evidence the residents' representative was updated on their health status or of any change in their condition. One resident had a healing pressure ulcer, which was improving and monitored very closely. The documentation reviewed was found to adequate and reflected the residents' condition at the time of the inspection.

Records demonstrated that there was timely access to medical and peripatetic care and residents healthcare needs were regularly reviewed and no less frequently than at three monthly intervals. Care plans were found to be reviewed on a monthly (or more frequent) basis. There was evidence in care plans of good links with community mental health services. The psychiatrist for later life and the community mental health nurse attended the centre as required. Medication was reviewed routinely to ensure optimum health. The centre employs a physiotherapist and full facilities were available in the physiotherapy room, which residents were seen to be using during the inspection.

Personal wishes in relation to end of life care were detailed in the sample of case files reviewed. The end of life plans included discussions in relation to life sustaining treatments. A multi disciplinary approach was undertaken to include the resident, their representative and medical practitioner, which was found to be well documented. End of life care was found to be addressed in a person-centred sensitive manner by all staff at the centre.

There was a structured program of activities in place, which was facilitated by two full time and one part time activities staff. Activities forming part of the weekly program included flower arranging, bingo, exercises, music, art and crafts, visiting therapy dog and ball games to ensure meaningful engagement for residents.

Inspectors spoke with residents who agreed that a good variety of activities took place at the centre. The activity schedule provided for both cognitive and physical stimulation.

Activities staff had received training in dementia care. A detailed board with daily activities planned for each area at the centre was visible for residents outside the dining room, and visual information provided throughout the centre. Each of residents pastimes were considered as part of their overall care plan and staff were knowledgeable about each resident's likes and dislikes.

Residents were facilitated to practice their religious belief and resident's spiritual needs were addressed and all faiths were facilitated.

### **Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

The inspector reviewed the medication management policy and found practices were adequate. The inspector noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of unused or out of date medications. There were clear guidelines in place for staff administering medication to residents that supported safe practice. The pre-admission procedures allowed for information to be obtained about residents' current medication. Evidence of medical review of medications was found on the medication charts.

The medication administration prescription and administration sheets were inspected and met all legislative requirements. The nursing administration of medication was observed by inspectors and found to be safe, appropriate and in line with the regulatory body for nursing guidelines. A staff nurse was interviewed by the inspector about her knowledge of the policy and procedure relating to medication management and found her to be very competent.

The centre had a medication variance report form in place for recording medication errors, near misses and omissions. A recent variance was discussed with the person in charge and the follow up was found to be well managed and no recurrence had taken place. A record of returns was maintained and at each shift change the MDA medications were checked and counted. The inspector found record keeping was to a high standard in this area. A medication management competency assessment is also included within the medication management policy and all staff nurses on duty had completed it.

The pharmacy delivered a pre-packaged medication system which staff nurses were familiar with. The pharmacy and the person in charge undertook audit on a planned basis and followed up on any audit findings appropriately. Nursing staff had also recently completed medication management updates.

### **Article 6: General Welfare and Protection**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy in place, which addresses the responding to reports of adult abuse; this also defined the various types of abuse. The policy was centre-specific

and detailed provision of guidance to staff on the assessment, reporting and investigation of all allegations of abuse.

The person in charge has links with the local senior social worker (adult protection) with the Health Service Executive (HSE). However, no reports had been made since the last inspection.

An Garda Síochána vetting was in place for all staff employed by the provider. Staff recruited for the centre had received training on elder abuse and when this area was discussed displayed knowledge of the different forms of abuse, and the correct reporting procedures.

The centre had a policy in place for managing a small number of resident's comfort monies, which are made available to each resident and the provider maintains records.

## **Article 20: Food and Nutrition**

Overall, the standard of catering and choices available to residents was to a very high standard. The menu was reviewed regularly with regard to variety and options by the Head Cook to ensure the needs of all residents were met. The inspector reviewed the daily and three weekly menu plan and was satisfied with the choice and variety available to all residents. The inspector met and spoke to the chef and individual requests and requirements were also catered to.

All three dining rooms were appropriately furnished and decorated well. Inspectors saw that table settings were pleasant and included condiments and appropriate place settings, with napkins and cutlery for all residents. A detailed menu was displayed on the ground floor dining room identifying the menu choices for the day. The chef and kitchen staff assisted in serving meals and ensuring residents obtained their preferred food choices. Overall, residents told inspectors they enjoyed the food and the choice available. Hot and cold drinks were readily available to residents at frequent intervals during the day.

Assistive equipment to maintain independent dining was also found to be readily available and independence was seen to be promoted. The inspector also observed appropriate assistance offered to residents who required this level of assistance with the lunchtime service. Each resident's meal took place at their own individual pace and choices offered related to personal likes and dislikes.

There was a policy in place to guide and inform staff on the procedures to ensure residents' nutritional and hydration needs were met. Documentation indicated that each resident's weight was checked on a monthly basis or more regularly if required.

Nutrition assessment tools were used to identify residents at risk of malnutrition. Copies of sample menus for a three-week period were provided and included a choice of main meal and dessert at lunch and teatime. The same menu choice was available for residents on a modified consistency diet. Residents could also eat in their bedrooms if preferred. The inspector was informed that the Environmental

Health Officer had inspected the kitchen and food preparation areas at the centre two weeks previously and the report was due to be issued to the provider.

**Environment**

**Article 19: Premises**

The building was purpose-built and designed to meet the needs of dependent people and it was found to be very clean and bright, with sufficient communal space for residents. Bedrooms were well furnished and equipped to assure the comfort and privacy needs of residents. The building was comfortably warm. There was a call bell system in place at each resident's bed and throughout the centre for calling for assistance.

There were a sufficient numbers of toilets and hand washing facilities provided to meet the needs of the residents. Bathrooms were designed to provide easy access by wheelchair users. The en suite facilities were designed to promote residents independence. Shower rooms were level with the floor finish allowing for ease of use by the residents. There were emergency call points provided in each en suite bathroom alongside the toilet.

The main entrance and reception area is welcoming and visitors to the centre are reminded to sign in to the visitors' book. All other exit doors were alarmed, and garden gates were secured.

**Article 32: Fire Precautions and Records**

The overall standards relating to fire precautions and records of maintenance were found to be of a high standard. Smoke detectors were located in all bedrooms and general-purpose areas. Emergency lighting was provided throughout the building. Fire exit signage was in place to indicate the location of fire exit doors and escape routes from the building.

The procedure to follow on hearing the fire alarm was displayed along corridors. Staff were familiar with the contents of the emergency plan. A record of the maintenance of fire fighting equipment including the number and type was maintained. The inspector viewed records that indicated the fire alarms; extinguishers and emergency lighting were checked at recommended intervals.

**Closing the visit**

At the close of the inspection visit a feedback meeting was held with person in charge to report on the inspectors' findings. The provider was on leave at the time of the unannounced inspection.

## **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Leone Ewings

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

15 June 2012

**Any comments the provider may wish to make:**

### **Provider's response:**

None received.

**Provider's name:** Matthew McCormack

**Date:** 4 July 2012