



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:	Announced
Date of inspection:	09 October 2024
Centre ID:	OSV-0000150
Fieldwork ID:	MON-0036602

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:	67
--	----

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 9 October 2024	08:10hrs to 16:25hrs	Niamh Moore	Lead
Wednesday 9 October 2024	08:10hrs to 16:25hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

From what residents and their visitors told inspectors and from what was observed during the day, Newpark Care Centre was a pleasant place to live. It was evident that the culture and ethos was one of upholding residents' rights. Residents were observed to be content and relaxed throughout the inspection day.

The centre is laid out across a ground floor which contains three units referred to as Aisling, Mayfield and Papillon.

Inspectors observed that the centre was bright, clean, tastefully decorated and in a good state of repair. The registered provider had ensured that the centre was maintained and there was an on-going plan of works to continually improve the premises. This enabled effective cleaning and compliance with infection prevention and control best practice. The kitchen had a separate area for storing cleaning equipment and chemicals.

Residents were seen to move freely throughout the centre. Notice boards provided information to residents such as the residents' committee, recent meetings and planned activities. There was also information displayed about residents who had birthdays during the month. There were memory aids available such as pictures on bedroom doors to orientate residents. The reception area had a stand that displayed information booklets and guidelines for visitors and residents to access. A number of residents told inspectors that they enjoyed the activities held such as art and the weekly music sessions. Residents had also recently attended another nursing home for afternoon tea and there were plans to later host residents from that nursing home in the near future.

Residents were accommodated in 64 single and one triple-bedded bedrooms, all with en-suite facilities. Inspectors observed that residents had personalised their bedrooms with personal possessions such as family photos, plants and other personal items such as blankets, pillows and ornaments. Residents reported to be happy with their bedroom accommodation. The single bedrooms were spacious and provided residents with adequate space and privacy. Inspectors viewed the triple-bedded room, and while this room accommodated only one resident on the day of the inspection, the personal space allocated for each resident was not sufficient. This will be further discussed within this report.

There was suitable outdoor space with secure internal courtyards readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required. These courtyards were paved and had seating areas for residents and their visitors to use and enjoy. There were also beautiful landscaped grounds which were well-maintained and provided ample space for residents to relax in the fine weather. Residents and visitors had many positive comments relating to the outdoor spaces, such as compliments about the beautiful flowers and planting, with one

resident saying how much they were enjoying the view of these grounds from their bedroom.

Hand hygiene sinks were visible throughout the centre in all clinical areas, the sinks were clean and in good working order. New clinical hand hygiene sinks had been installed on each corridor and alcohol gel dispensers were strategically placed to promote good hand hygiene practice.

Inspectors reviewed the questionnaires completed by residents or their family members as part of this announced inspection. A total of three questionnaires were completed. Overall the feedback was very positive with comments such as "staff are a credit", "staff communication is very good", "the person in charge is always available to help", "I like how staff come to my room and have a little chat with me on days that I have no visitors" and "any problem is discussed and solved". There was one area for improvement noted within one questionnaire reviewed which was relating to the laundry service, reporting that, sometimes clothes can be returned damaged and very creased. Inspectors viewed management records and noted that this feedback had already been raised with the laundry service, and for any damaged items, the item was replaced. Overall, the feedback on the day of the inspection was positive in relation to the laundry service.

Inspectors met with three visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of inspection and visitors were seen coming and going throughout the day.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. It was evident that staff knew the residents well and were familiar with each resident's daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content, and were seen to be supported in a calm and un-rushed manner that facilitated their needs.

On the day of the inspection, residents were provided with a choice of meals which consisted of roast beef or chicken casserole, while dessert options included banoffee pie or jelly and ice-cream. The lunch-time meals looked wholesome and nutritious. Feedback was positive with comments such as "the food is cooked beautifully by the chefs" and "I always enjoy my meals". One resident reported that the beef was a bit tough, but they enjoyed their dessert. Residents were seen to be supported by staff, and residents were also supported with specialised utensils to allow them to retain their independence. Overall, the dining experience was seen to be a positive, relaxed and social experience.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). Overall inspectors found that the governance and management systems within the designated centre were strong which resulted in good compliance levels reflected in the findings of this inspection. It was evident that the registered provider and local management team strived to provide a good service to all residents.

Newpark Care Centre Limited is the registered provider for Newpark Care Centre. There are three company directors, with one of these directors actively present in the management of the designated centre and was present during this inspection. The person in charge was supported in their role by an assistant director of nursing, two clinical nurse managers, staff nurses, health care assistants, activity staff, catering, household, maintenance and administration staff.

The registered provider had a staff recruitment and selection policy to ensure safe and effective recruitment practices were in place. There were two current vacancies on the day of the inspection which were being covered mostly by internal staff. Inspectors were told that recruitment was in the final stages for both posts.

Inspectors found that the centre had an adequate number of housekeeping staff to fulfil its infection prevention and control needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each unit on the day of inspection. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene.

There was high levels of attendance at mandatory training sessions and supplementary training such as Dementia Awareness was also offered. There was a tracking system to ensure that any training due for renewal was scheduled.

There was good management systems for oversight within this centre. This included oversight through meetings, audits and gathering key performance indicators of clinical care and of the environment. For example:

- The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The person in charge was also the IPC link practitioner who had completed the national IPC link course and they were supported in this role by the assistant director of nursing.
- Management systems were identifying and actioning areas for improvement such as person-centred documentation and care planning.
- Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications submitted found that outbreaks were managed, controlled and

reported. The provider had made great efforts to encourage staff participation in the national vaccination programme. For example, posters were placed in the staff area to enter a draw for prizes for those staff that participated. Vaccination up-take was high for the residents in the centre.

- The centre had a schedule for conducting infection prevention and control audits, carried out by the management team. The audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. The audit scores were high and this was reflected in what the inspectors observed on the day.

Documentation reviewed relating to Legionella control provided the assurance that the risk of Legionella was being effectively managed in the centre. For example, routine monitoring for Legionella in the hot and cold water systems was undertaken. Flushing records were not maintained although the provider gave assurances that unused outlets were flushed weekly by the housekeeping staff and this would be added to their checklists going forward.

Inspectors reviewed a sample of Schedule 2 records for four staff members. These files were seen to contain the relevant information as required by the regulations, such as, a full employment history and two written references, including a reference from the person's most recent employer.

The complaints officer and review officer both had sufficient training in place to deal with complaints in accordance with the designated centre's complaints policy.

Regulation 15: Staffing

Inspectors found that the staff numbers and skill mix were sufficient to meet the assessed needs of the 67 residents on the day of inspection. Rosters evidenced that there was a minimum of two staff nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training. The training matrix reviewed by inspectors showed that staff had full compliance at mandatory training such as safeguarding, manual handling, fire safety and infection control.

Records reviewed showed that staff were appropriately supervised. Formal supervision measures such as induction forms, probation reviews and annual

appraisals were seen. In addition, there were informal measures such as observation of staff tasks.

Judgment: Compliant

Regulation 21: Records

Notwithstanding the good management of records seen on this inspection, the registered provider had not ensured that all records set out in Schedules 2, 3 and 4 were kept within the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were good management systems in place as mentioned throughout this report. While there were sufficient staffing levels on the day, inspectors found there were inconsistencies upon review of the statement of purpose dated September 2024 where some staffing resources were not in line with the statement of purpose dated November 2021 which the registered provider was registered for. The Chief Inspector had not been informed of or agreed these changes. For example, following a comparison of both documents, it was evident that some staffing posts had been increased, while some the below reductions were recorded:

- Staff Nurses were registered as 13 whole time equivalent (WTE) this was reduced to 10 WTE
- Activity Coordinators were registered as 3.4 WTE, this was reduced to 3 WTE.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Overall, there were good complaints procedures in place. The registered provider had audited complaints and there had been improvements seen in the documentation of more recent complaints as a result. However, there was no general report provided on the level of engagement of independent advocacy services with residents, complaints received, including reviews conducted as required as part of the annual review.

Judgment: Substantially compliant

Quality and safety

The inspectors found that the residents of Newpark Care Centre were receiving a good standard of healthcare. This care was seen to support and promote residents to enjoy a good quality of life. Social activities were organised throughout the week. The inspectors observed that all staff interactions with residents were held with respect and kindness throughout this inspection. Improvement was required in the oversight of the premises and infection control. This is further discussed under the relevant regulations.

Inspectors reviewed a sample of residents' records such as observation charts, assessments and care plans. Care plans were generally individualised to reflect the health and social needs of the residents and completed as per regulatory timeframes. There was a general practitioner (GP) who attended the centre each week and medical cover was available including out-of-hours. There was evidence that the provider and person in charge had facilitated referrals to additional healthcare services and treatments such as to geriatricians, palliative care, psychiatry of older age and occupational therapy in accordance with residents' care plans.

Residents had been provided with wardrobe and drawer space to store their clothes and personal possessions. Lockable storage space was available for all current residents if they wished to use it. However, the triple room was not equipped with a lockable drawer for each resident. Laundry was organised off-site, was laundered regularly and returned to the correct resident.

Inspectors saw evidence of residents' rights being upheld and respected throughout the day of inspection. There were posters on bedroom doors to alert to care being provided. Staff were observed to knock on residents' doors and accompany them on walks and to social activities within different areas of the designated centre, according to their preferences. There were good opportunities to attend activities with a birthday celebration held on the day of the inspection.

The layout of the premises promoted a good quality of life for residents. The registered provider had support with maintenance and an ongoing repair programme was in place to ensure the premises was kept in a good state of repair internally and externally. However, some action was required to ensure all areas of the premises conformed to the matters set out in Schedule 6. This is further discussed under Regulation 17: Premises.

Inspectors observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. There was an improvement since the last inspection in how the different food consistencies were served to residents. The food was presented neatly, as a result, the resident

could identify the different food groups on their plate. Pictorial menus were available for residents with communication difficulties.

Inspectors identified some good practices in infection prevention and control. For example;

- An infection prevention and control assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to person-centred and reviewed regularly as required. Resident care plans were accessible on an electronic care management system, this included the National Transfer Document which is used when residents are moved to acute care.
- The residents colonised with multi-drug resistant organisms (MDRO) were clearly identified, and their care plans included detailed information to ensure personalised care and safe practices.
- Waste, laundry, and linen were managed in a way to prevent the spread of infection.

Notwithstanding the good practices observed, some improvements were required in relation to standard precautions and this is discussed further under Regulation 27: Infection control.

Regulation 11: Visits

Arrangements were in place for residents to receive visitors in nicely decorated private spaces and there was no restriction on visiting. Visitors who spoke with the inspectors were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

There were systems in place to ensure that residents had access to and retained control over their property including finances. Some residents' monies were held on their behalf in a safe. From a sample review, there was evidence that the records of this money, including balances or withdrawals from safekeeping was seen to be accurately maintained and up to date.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the many positive findings relating to the premises, improvements were required to ensure the premises conformed to all matters set out in Schedule 6. For example:

- The layout and design of the triple bedded room did not ensure that each resident accommodated in that room would have access to a minimum area no less than of 7.4 m² of floor space, which area should include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom. Although the room measured 24.9 m² in total, due to its configuration the measurements taken of each personal space area were between 5.8 m² and 7 m².
- Not all residents' sinks had plugs in place to enable them to carry out personal activities such as washing and shaving.
- There was insufficient storage in the designated centre as evidenced by equipment required for the running of the centre not stored within the designated centre. For example, the external staff changing facilities and sheds, used exclusively for storage of resident records, resident materials and garden equipment were not within the footprint of the designated centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to fresh drinking water. Choice was offered at all mealtimes including to those on a modified diet. Food was seen to be properly and safely served. Residents reported satisfaction with the dining experience in the centre. There was an adequate number of staff seen to provide supervision and assistance during the lunch-time service.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care and had been integrated into the electronic care management system. This document contained details of health-care associated infections and colonisation. The pre- assessment document for residents coming into the centre had a section to capture a resident's infection status.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), but further action is required to be fully compliant. For example;

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. For example:

- Resident personal washbowls were washed in the bedpan machine and stored alongside the clean bedpans. Bedpan washers are intended for human waste receptacles only, this practice increased the risk of cross-contamination.
- The detergent in one of the bedpan washers was expired which may result in bedpans and urinals not being cleaned properly.
- The provider had not substituted traditional needles used for administering medication for ones with a safety device. This increased the risk of a sharps injury.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

There was a pre-assessment completed prior to a resident's admission, of the person's health and social care needs to ensure the provider could meet these requirements. Inspectors saw person-centred supports necessary to maximise the resident's quality of life were documented within 48 hours of admission, which included relevant infection prevention and control care plans. Care plans were formally reviewed at intervals not exceeding four months and when the needs of the resident changed.

Judgment: Compliant

Regulation 6: Health care

Inspectors were assured that there were good standards of evidence-based healthcare provided to residents. There was access to a GP on a weekly basis and relevant referrals were seen to a range of health and social care professionals.

Inspectors were also told that eligible residents could access services such as the national screening programme as required.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Residents reported to feel safe within the centre. There was a safeguarding vulnerable adults policy in place and staff had completed safeguarding training.

A review of staff records confirmed that staff had a vetting disclosure in accordance with the National Vetting Bureau Act 2012, in place prior to commencing work in the designated centre.

The registered provider was not a pension-agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

Regular activities were available to residents and were displayed on notice boards throughout the designated centre. Residents were consulted about and participated in the organisation of the centre. There was a residents' committee forum in place, chaired by and facilitated by residents. Feedback was seen to be sought in this forum and any areas for improvement were responded to and actioned.

Judgment: 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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newpark Care Centre OSV-0000150

Inspection ID: MON-0036602

Date of inspection: 09/10/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: For the avoidance of doubt, records were stored on site in a secure unit. However, this unit was not added to the floor plans submitted to HIQA. The unit in question was made available to the inspector on the day by the PIC.</p> <p>New floor plans have been submitted to HIQA with the secure unit marked in a red line.</p> <p>Timeframe: Complete.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>On review of the 2021 Statement of Purpose, it was stated that there were 13 WTE Nurses however on further examination, 2 of these were part-time and one was on Maternity leave.</p> <p>Our current Statement of Purpose was a true reflection of how many nurses were on payroll however there was 1 vacancy which we should have included in the WTE as we were actively recruiting for this vacancy.</p> <p>To summarise, there were 11 WTE Nurses in 2021 and there are 11 WTE in 2024. The staff nurse roster in 2021 was the same as it is now in 2024. Evidence of this has been sent to HIQA on November 7th, 2024.</p> <p>With regard to activities, there are still 2 activities staff covering Monday to Saturday, 09.00 to 18.00, and 1 activity staff every Sunday. We currently have three full time staff</p>	

members, prior to this we had three full time and one part time. The one part time did one Saturday, the three full time have absorbed this one day between them. As such, it appears that there is a reduction in the number of staff on our Statement of Purpose however there is not a reduction in the number of activities shifts per week.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A comprehensive annual review was reviewed by inspectors. In addition to this there is a robust complaints procedure in place which is displayed in large print in several locations in the nursing home.

There is also independent advocacy services available to residents in the home and these are advertised throughout the home at various locations. They are also discussed at resident association meetings.

Unfortunately, we did not include a general report on complaints and use of independent advocacy services in the annual review however this will be included in the review of 2024 which will be compiled between 01/01/2025 and 14/02/2025.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

We will review the layout of the triple bedroom. As highlighted by inspectors, this room is 24.9m² which is larger than required for three residents.

We will review the layout of the room to ensure that each resident has the designated 7.4m² requirement to have their bed, chair and personal storage space within their curtain/bed space.

We have engaged an architect to produce drawings of the new layout and these will be sent to HIQA once available and the reconfiguration will be complete by 14/02/2025.

Regarding plugs in sink – all resident sinks will have a plug by 30/11/2024.

Regarding insufficient storage in the centre – There is sufficient storage in the centre, including adjacent changing and storage facilities on site. This is now highlighted on the floor plans and marked in red.

Timeframe: Complete.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Staff have been re-educated on how to clean and sanitise basins used for personal hygiene. No basins go into the bedpan washer and this is not Newpark Care Centre policy. Timeframe: Complete.</p> <p>Regarding plugs in sink – all resident sinks will have a plug by 30/11/2024.</p> <p>The expired detergent was disposed of immediately and our bed pan washer service engineer was informed of their error. Timeframe: Complete.</p> <p>A supply of needles with a safety device has been sourced and these have replaced previously used needles in Newpark Care Centre. Timeframe: Complete.</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 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	14/02/2025
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	07/11/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Substantially Compliant	Yellow	18/11/2024

	the statement of purpose.			
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 staff.	Substantially Compliant	Yellow	30/11/2024
Regulation 34(6)(b)(i)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on the level of engagement of independent advocacy services with residents.	Substantially Compliant	Yellow	14/02/2025
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Substantially Compliant	Yellow	14/02/2025