

Inspection Report

20 July 2021



Greenpark Private Nursing Home

Type of service: Nursing Home
Address: 15 Keady Road, Armagh, BT60 4AA
Telephone number: 028 3752 7445

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Mr Damien Gribben</p> <p>Responsible Individual: Mr Damien Gribben</p>	<p>Registered Manager: Avril Mulligan - Acting</p>
<p>Person in charge at the time of inspection: Avril Mulligan</p>	<p>Number of registered places: 62</p> <p>There shall be a maximum number of patients accommodated in the following categories: NH-DE (8); NH-MP/MP(E) (4); NH-PH/PH(E) (2); NH-LD(E) (1);</p> <p>There shall be a maximum of 4 named residents receiving residential care in category RC-I and 1 named resident receiving residential care in category RC-LD(E).</p>
<p>Categories of care: Nursing (NH): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years LD(E) – learning disability – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 49</p>
<p>Brief description of the accommodation/how the service operates: This is a nursing home which is registered to provide care for up to 62 patients.</p>	

2.0 Inspection summary

An announced inspection took place on 20 July 2021 between 10.00am and 1.40pm. The inspection was conducted by two pharmacist inspectors.

At the last inspection on 17 May 2021, serious concerns were identified with the management of medicines and with management and governance systems within the home. Following a meeting with the registered person and manager, two Failure to Comply (FTC) notices were issued on 26 May 2021.

This inspection was planned to assess compliance with the actions detailed in the FTC notices. Evidence was not available at the inspection on 20 July 2021 to validate compliance with the above FTC Notices. However, there was evidence of improvement and progress had been made to address the required actions within the notices. RQIA senior management made a decision to extend the compliance date to 26 August 2021; FTC notices - FTC000147E and FTC000148E were issued.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, incidents and correspondence. To complete the inspection we reviewed: a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

4.0 What people told us about the service

We met with three nurses and the registered manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They described the training that had been provided and the staff meetings that had been held since the last medicines inspection. Staff felt confident that should they have any concerns, management would respond appropriately. They said they had the appropriate training to look after patients and to meet their needs.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to the nursing home was undertaken on 17 May 2021 by two pharmacist inspectors.

Areas for improvement from the last inspection on 17 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that RQIA are notified of all accidents where medical advice is sought.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance summary
Area for improvement 1 Ref: Standard 23.2 Stated: Second time	The registered person shall ensure that patients identified as at risk of developing pressure sores have a care plan in place to direct the care required.	Carried forward to the next inspection
	Care plans should include any pressure relieving equipment and the required setting. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 27 October 2020	The registered person shall ensure that each patient has a care plan in place for all assessed needs.	Carried forward to the next inspection
	This is specifically with regard to wound care. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 3 Ref: Standard 46.12 Stated: First time	The registered person shall ensure that audits of hand hygiene and staff compliance with PPE are completed regularly.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

FTC Ref: FTC000147

Notice of failure to comply with regulation:

The Nursing Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following eight actions were required to comply with this regulation:

The registered person must ensure that:

1. A robust system of audit and review is implemented, that encompasses all aspects of the management of medicines to ensure that there are safe systems in place.
2. When a deficit is identified through the audit process, there is a quality improvement plan in place that evidences:
 - The action(s) that have been put in place to prevent reoccurrence of the deficit in the short, medium and long term
 - The action(s) that have been implemented to assure the necessary improvements are made and sustained across the home.
3. A comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken. Any concerns in relation to knowledge, skills or practical application must be identified and a plan for quality improvement in place.
4. A robust induction process is put in place for new staff members involved in the management of medicines.

5. A comprehensive review of managerial arrangements and who has responsibility for managing medicines is completed. The review should conclude who has the responsibility for audit, monitoring and governance of medicines and who will drive improvement when deficits or concerns are identified.
6. An effective, comprehensive and meaningful quality monitoring report is completed fortnightly which reviews and monitors progress with the actions specified in Failure to Comply Notices FTC000147 and FTC000148. Where progress is still required, the quality monitoring report must evidence:
 - The monitoring officer's escalation of deficits and concerns
 - An impact assessment of concerns on safe care and patients welfare
 - The improvement plan that assures patients safety and welfare is protected.
7. The quality monitoring report is forwarded to RQIA, on a fortnightly basis until further notice. The reports should be emailed to Philip Lowry, Pharmacist Inspector, Philip.Lowry@RQIA.org.uk.
8. An enhanced action plan to address the issues identified is submitted to RQIA by 4 June 2021.

Action taken by the registered persons:

Evidence in relation to the eight action points outlined in the Failure to Comply notice was gathered to establish if Greenpark Private Nursing Home had complied with the Regulation. The following was established in relation to each action:

1. The auditing process has been reviewed. Weekly and monthly medication audits were completed by the sister and manager. These audits included spot check medication administration audits and over-arching audits encompassing wider aspects of medicines management including controlled drugs, medicines storage and record keeping. Despite these audits being completed, review of medication administration records by RQIA inspectors identified a total of seven out of stock medicines which were not all identified by the internal audit process. The audit process in place is therefore not robust and requires improvement. This action has been assessed as not met.
2. As stated in action point one, RQIA inspectors identified a total of seven out of stock medicines during this inspection. Of these seven medicines, only one was reported to RQIA as an incident. Reporting of incidents is necessary so that measures to prevent a re-occurrence can be implemented and to encourage shared learning amongst staff. This action has been assessed as not met.
3. Following the last medicines inspection, staff involved in the management of medicines have completed online medication awareness training. Certificates of completion of this training were available for inspection. Further face-to-face training had also been completed. Competency assessments and staff supervisions had been undertaken for those staff involved in the management of medicines. This action has been assessed as met.

4. No new staff members had joined since the last inspection. The manager advised that a robust induction process for new staff members joining had been developed, including the management of medicines. This area has been assessed as met.
5. A review of managerial arrangements following the last inspection has been completed. The sister has responsibility for completing the weekly medication audits and has been allocated time each week to complete these. The manager has oversight of these audits and also completes a monthly medication audit. The manager has recently completed a leadership and management e-learning course. This area has been assessed as met.
6. Comprehensive quality monitoring reports have been completed fortnightly. All aspects of the management of medicines were reviewed during the monitoring visits and action plans to address any identified deficits were produced. This action has been assessed as met.
7. Quality monitoring reports have been received by RQIA on a fortnightly basis. This action has been assessed as met.
8. A detailed enhanced action plan to address the issues identified at the last medicines inspection was submitted to RQIA. Updates detailing the progress with this action plan have been submitted to RQIA on a fortnightly basis. This action has been assessed as met.

As two of the actions have been assessed as not met, compliance with this FTC notice has not been achieved.

FTC Ref: FTC000148

Notice of failure to comply with regulation:

The Nursing Homes Regulations (Northern Ireland) 2005

Health and welfare of patients

Regulation 13.—

(4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –

- (a) any medicine which is kept in a nursing home is stored in a secure place; and***
- (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and***
- (c) a written record is kept of the administration of any medicine to a patient.***

In relation to this notice the following four actions were required to comply with this regulation:

The registered person must ensure that:

1. Safe systems are implemented to ensure patients have a supply of their currently prescribed medicines.
2. Medicines are administered as prescribed.

3. Complete and contemporaneous records of the administration of medicines are completed, including controlled drugs.
4. Records of receipt of medicines are completed fully and accurately. The date of opening of medicines should be documented to facilitate auditing of medicines.

Action taken by the registered persons:

Evidence in relation to the four action points outlined in the Failure to Comply notice was gathered to establish if Greenpark Private Nursing Home had complied with the Regulation. The following was established in relation to each action:

1. Review of previous medication administration records identified a total of seven out of stock medicines since the previous medicines inspection. The majority of these were observed to be over the July bank-holiday weekend. This area has been assessed as not met.
2. Audits conducted by RQIA inspectors concluded that, with the exception of medicines that had been out of stock, medicines were administered as prescribed. Significant improvements from the previous medicines management inspection were observed. This area has been assessed as met.
3. Medicine administration records examined were fully and accurately completed. This action has been assessed as met.
4. Records of receipt of medicines were completed fully and accurately. The date of opening of medicines was clearly documented facilitating the audit of medicine administration. This action has been assessed as met.

As one of the actions has been assessed as not met, compliance with this FTC notice has not been achieved.

6.0 Conclusion

The inspection sought to assess if the home had taken the necessary actions to ensure compliance with the two FTC notices issued by RQIA on 26 May 2021.

The outcome of this inspection concluded that evidence was not available to validate full compliance with the FTC Notices. However, there was evidence of improvement and progress had been made to address the required actions within the notices. RQIA decided to extend the compliance date of both FTC notices to 26 August 2021; FTC notices - FTC000147E and FTC000148E were issued on 23 July 2021.

A follow up inspection will be undertaken to determine if compliance has been achieved.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

* These areas for improvement have been carried forward for review at the next care inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Ongoing from the date of inspection.	The registered person shall ensure that RQIA are notified of all accidents where medical advice is sought. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 23.2 Stated: Second time To be completed by: 27 October 2020	The registered person shall ensure that patients identified as at risk of developing pressure sores have a care plan in place to direct the care required. Care plans should include any pressure relieving equipment and the required setting. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 27 October 2020	The registered person shall ensure that each patient has a care plan in place for all assessed needs. This is specifically with regard to wound care. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 3</p> <p>Ref: Standard 46.12</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection.</p>	<p>The registered person shall that audits of hand hygiene and staff compliance with PPE are completed regularly.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)