The Regulation and Quality Improvement Authority

Inspection Report

17 May 2021

Greenpark Private Nursing Home

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Mr Damien Gribben **Responsible Individual:** Mr Damien Gribben	**Registered Manager:** Avril Mulligan – Acting
Person in charge at the time of inspection: Avril Mulligan	**Number of registered places:** 62 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); 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).
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	**Number of patients accommodated in the nursing home on the day of this inspection:** 51
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.	

2.0 Inspection summary

An unannounced inspection took place on 17 May 2021 from 9.45am to 3.30pm. It was conducted by two pharmacist inspectors.

This inspection focused on medicines management within the home.

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.

Significant concerns were identified during the inspection in relation to the governance and leadership arrangements of the home and medicines management. Following the inspection, the findings were discussed with senior management in RQIA.

As a consequence of the inspection findings, RQIA invited the registered persons from Greenpark Private Nursing Home to attend two meetings in RQIA on 25 May 2021, with the intention of issuing two Failure to Comply Notices (FTC) under The Nursing Home Regulations (Northern Ireland) 2005 and the intention of serving a Notice of Proposal to place conditions on the registration of the home.

The meeting was attended virtually by Mr Damien Gribben, Responsible Individual and Avril Mulligan, Acting Manager. At the meeting, an action plan which detailed an account of the actions that had been taken to date was provided and the arrangements that were being made to ensure the improvements necessary to achieve full compliance with the required regulations were discussed. However, the representatives were unable to offer RQIA full assurance, as a number of areas required time to ensure that new processes were fully embedded into practice.

It was therefore decided that both FTC notices would be issued with the date of compliance to be achieved by 20 July 2021.

A notice of proposal to impose conditions on the home was not issued. The registered person agreed that:

- the home will not admit any new patients until compliance with the two FTC notices is achieved
- quality monitoring reports will be submitted to RQIA on a fortnightly basis
- management support arrangements will be reviewed with the outcome submitted to RQIA as part of an enhanced action plan.

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, registration information, and any other verbal or written information received.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration
- medicine receipt and disposal
- controlled drug
- care plans related to medicines management
- governance and audit
- staff training and competency
- medicine storage temperatures
- RQIA registration certificate

4.0 What people told us about the service

We met with three nurses and the 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.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, seven completed patient questionnaires were returned within the identified timescale. Respondents indicated they were very satisfied with the care received in the home.

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 22 September 2020 by a care inspector. It was agreed with the aligned care inspector that the areas for improvement identified at the last inspection would be followed up at the next care inspection.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 22 September 2020</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Regulation 30

Stated: First time</td><td>The registered person shall ensure that RQIA are notified of all accidents were medical advice is sought.

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.</td><td>Carried forward to the next inspection</td></tr>
<tr><th colspan="2">Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</th><th>Validation of compliance summary</th></tr>
<tr><td>Area for improvement 1

Ref: Standard 23.2

Stated: Second time</td><td>The registered person shall ensure that patients identified as at risk of developing pressures sores have a care plan in place to direct the care required.

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.</td><td>Carried forward to the next inspection</td></tr>
<tr><td>Area for improvement 2

Ref: Standard 4

Stated: First time</td><td>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.

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.</td><td>Carried forward to the next inspection</td></tr>
<tr><td>Area for improvement 3

Ref: Standard 46.12

Stated: First time</td><td>The registered person shall that audits of hand hygiene and staff compliance with PPE are completed regularly.

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.</td><td>Carried forward to the next inspection</td></tr>
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5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, during medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. Records of administration were completed. The reason for and outcome of administration was not consistently recorded in the daily progress notes and staff were reminded to do so.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

We reviewed the management of thickening agents for three patients. A speech and language assessment report and care plan was in place for all of the patients. Records of prescribing and administration which included the recommended consistency level were not consistently maintained. The need for full and contemporaneous records of administration of medicines was included in the Failure to Comply Notice.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Inspection of the previous month's medicine administration records (MARs) evidenced four out of stock medicines were not followed up promptly to ensure a continuous supply of patient's medicines. This resulted in medicines not being administered as prescribed which has the potential to affect the health and well-being of patients. Two medicines had been out of stock for eleven days (cholesterol lowering medicine) and eight days (analgesic patch) respectively; whilst another medicine (anticoagulant) had been signed as having been administered on the morning of inspection despite being out of stock. Nursing staff advised that sometimes there were difficulties in obtaining prescriptions and medicines in a timely manner. Out of stock medicines must always be followed up promptly with the general practitioner and community pharmacy to ensure patients have a supply of their prescribed medicines. This was included in the Failure to Comply Notice.

Records of receipt of medicines were not fully and accurately completed and the date of opening of medicines was not consistently recorded. This is necessary to provide a clear audit trail. This was included in the Failure to Comply Notice.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A review of the MARs showed that medicines were not always administered as prescribed by the general practitioner and that safe systems were not in place to ensure patients received their medicines as prescribed. Audits completed by RQIA inspectors identified medicines including injections, bisphosphonates, analgesic patches and anti-epileptic medicines had not been administered as prescribed. This has the potential to affect the health and well-being of patients. These findings were reported to the manager on the day of inspection for further investigation and follow up. This was included in the Failure to Comply Notice.

In instances where medicines had not been administered due to for example, out of stocks, omissions or refusals, the reason for omission was not consistently documented on the MARs and the entry had not always been initialled by the nurse on duty. This was included in the Failure to Comply Notice.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. Staff administering an injectable controlled drug had recorded the amount administered to the patient in the controlled drugs record book; however there was no record of the amount from the ampoule which was discarded after administration. This is necessary to ensure accountability for all controlled drugs stock. This was included in the Failure to Comply Notice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the management of medicines for one patient who was recently admitted to the home from hospital. A hospital discharge letter had been received and a copy had been forwarded to the patient's GP. The patient's personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

There were no arrangements in place to audit medicines management within the home. Given no audit procedures were in place there had been no medicine related incidents reported to RQIA as staff had no means to identify errors. The manager and staff were unaware of the nature of incidents that were required to be reported to RQIA. The evidence from this inspection showed that medicine incidents were not appropriately identified, escalated to the manager or reported appropriately.

A robust audit system which covers all aspects of medicines is necessary to ensure that safe systems are in place and any learning from errors/incidents can be actioned, shared with relevant staff and reported appropriately. When a deficit is identified through the audit process, there must be an action plan in place that evidences the action(s) that have been put in place to prevent a recurrence of the deficit in the short, medium and long term and the action(s) that have been implemented to ensure the necessary improvements are made and sustained across the home. This was included in the Failure to Comply Notice.

A comprehensive review of managerial arrangements and who has responsibility for managing medicines must be completed. The review should conclude who has responsibility for audit, monitoring and governance of medicines and who will drive improvement when deficits or concerns are identified. This was included in the Failure to Comply Notice.

There was lack of managerial oversight and awareness of the monthly monitoring visits of the home conducted by the registered person. Review of medicines management did not form part of the monthly monitoring visits. An effective, comprehensive and meaningful quality monitoring report must be completed 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

The quality monitoring report must be forwarded to RQIA, on a fortnightly basis until further notice. This was included in the Failure to Comply Notice.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained.
The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff use.

No formal staff induction and competency assessments were in place in the home to ensure staff managing medicines were deemed competent to do so. Despite some records showing evidence of annual staff medicines management training, there was a lack of managerial oversight in regards to which staff required training and how frequently this should occur.

A comprehensive review of training and competency of all staff that have responsibility for managing medicines must be undertaken. Any concerns in relation to knowledge, skills or practical application must be identified and a plan for quality improvement put in place. A robust induction process must be in place for any new staff members involved in the management of medicines. This was included in the Failure to Comply Notice.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that robust arrangements were not in place for certain aspects of medicines management. This is not safe or effective and could adversely affect patients' health and well-being. A review of the management and governance arrangements is required to ensure that the home is being well led.

Enforcement action resulted from the findings of this inspection.

Two Failure to Comply Notices were issued on 26 May 2021 under The Nursing Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000147 with respect to Regulation 10.-(1)
FTC Ref: FTC000148 with respect to Regulation 13.-(4)

Compliance with these notices is to be achieved by 20 July 2021. A follow up inspection will be undertaken to determine if compliance has been achieved.

We would like to thank the patients and staff for their assistance throughout the inspection.

7.0 Quality Improvement Plan/Areas for Improvement

The necessary improvements required are detailed in two Failure to Comply Notices issued on 26 May 2021.

Areas for improvement were carried forward from the previous care inspection where action is required to ensure compliance with the Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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

* The total number of areas for improvement includes one under the regulations and three under the standards which are carried forward for review at the next 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 were 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 pressures 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:**	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

27 October 2020	**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 **To be completed by:** Ongoing from the date of inspection.	The registered person shall that audits of hand hygiene and staff compliance with PPE are completed regularly. 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.

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