

# Inspection Report

25 April 2024



## 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

<b>Organisation/Registered Provider:</b> Mr Damien Gribben  <b>Registered Person</b> Mr Damien Gribben	<b>Registered Manager:</b> MrsEmma Garrigan- not registered
<b>Person in charge at the time of inspection:</b> MrsEmma Garrigan, Manager.	<b>Number of registered places:</b> 62  There shall be a maximum of one named resident receiving residential care in category RC-I.
<b>Categories of care:</b> Nursing Home (NH) DE – dementia LD(E) – learning disability – over 65 years. MP – mental disorder excluding learning disability or dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years I – old age not falling within any other category	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 44
<b>Brief description of the accommodation/how the service operates:</b> Greenpark Private Nursing Home is a registered nursing home which provides nursing care for up to 62 patients. There is a designated dementia unit which provides accommodation for eight patients.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 April 2024, from 10.30 am to 3.00 pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection have been carried forward for review at the next care inspection.

Review of medicines management found that medicines were stored safely and securely. Medicine related records were largely maintained to a satisfactory standard. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines. Two new areas for improvement were identified in relation to the accurate maintenance of the controlled drug record book and the management of medicines for distressed reactions. Details of the areas for improvement can be found in the quality improvement plan (QIP).

Whilst areas for improvement were identified, it was concluded that overall, with the exception of a small number of medicines, the patients were being administered their medicines as prescribed.

RQIA would like to thank the staff for their assistance throughout the 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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining 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. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines.

### **4.0 What people told us about the service**

The inspectors met with nursing staff, the deputy manager and the manager. Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

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, no questionnaires had been received by RQIA.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 9 November 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (c) (ii) <b>Stated:</b> Second time	The registered person shall ensure that there is a robust system in place for monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC) and that this system captures all relevant staff working in the home.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered person shall ensure that the practice of propping open fire doors ceases immediately.	Carried forward to the next inspection
	<b>No fire doors were observed to be propped open on the day of the inspection, however action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner.	Carried forward to the next inspection
	<b>Medication incidents were reviewed and discussed, however, action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Action required to ensure compliance with Care Standards for Nursing Homes, December 2022</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time	The registered person shall ensure that where a patient has been assessed as requiring repositioning that the recommended frequency is recorded.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39.4  <b>Stated:</b> First time	The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall review the staffing arrangements in the home to ensure patients' needs are met at all times. Consideration should be given to the deployment of staff, the layout of the home and working routines.	Carried forward to the next inspection
	<b>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.</b>	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that deficits identified by the homes' care file audits clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 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 may 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, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were largely accurate and up to date. A small number of minor discrepancies were highlighted to the manager for corrective action. 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 state that they were accurate.

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.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records and staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain.



However, patient centred care plans were not in place to direct care for some of the patients reviewed. The reason for and outcome of each administration was not consistently recorded. The manager was requested to refer a number of instances of regular administration to the prescriber for review. An area for improvement was identified.

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. Care plans and pain assessments were in place and reviewed regularly.

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.

The management of thickening agents and nutritional supplements were reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained. However, a small number of discrepancies in the recommended consistency stated in the speech and language report, care plans and administration records were identified. Despite this, assurances were sought and provided that the correct consistency of fluids had been administered. The manager agreed to update the care plans and records accordingly following the inspection.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained. Records of the training were available for inspection.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was outside the recommended range. Nursing staff were reminded that the date of opening should be consistently recorded on in-use insulin pen devices in order to facilitate audit and disposal upon expiry.

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

Medicine 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.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **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 sample of the medicines administration records was reviewed. The large majority of records were found to have been accurately completed. It was identified that the administration record of an injectable medicine due on the day of the inspection had been completed without the medicine being administered. This practice was highlighted to the manager who provided assurances that this was not routine practice. Once completed the records were filed and readily retrievable for review.

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 should be recorded in the controlled drug record book. Review of the controlled drug book identified three medicines recorded as in stock, however these were not in the controlled drug safe. The manager provided assurances that these medicines had been denatured and disposed of; the same had been recorded in the medicines disposal book. The controlled drug record must also be completed to evidence that controlled drugs are denatured and disposed of and the balance accurately recorded. An area for improvement was identified.

When patients have their medicines administered in food/drinks to assist administration, the practices followed by staff to assist administration mean that medicines are being administered outside the terms of their product licence. This means that the way the medicine is given has been changed to meet the need to the patient. While this is appropriate for most patients, this practice should be checked to ensure that the patient's GP agrees. Authorisation from the prescriber had been provided when this practice occurred, however, the care plan did not include information about how the patient's medicines should be administered. This was discussed with the manager for action following the inspection.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The audits completed at the inspection indicated that the large majority of medicines were administered as prescribed. One discrepancy was discussed with the manager on the day of inspection for investigation and review. An incident report detailing the outcome of the investigation and action taken to prevent a recurrence was submitted to RQIA on 1 May 2024.



#### **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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

#### **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. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

#### **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 they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4*	6*

\* The total number of areas for improvement includes eight which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Garrigan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (c) (ii)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect (9 November 2023)	<p>The registered person shall ensure that there is a robust system in place for monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC) and that this system captures all relevant staff working in the home.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2023	<p>The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (9 November 2023)	<p>The registered person shall ensure that the practice of propping open fire doors ceases immediately.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (9 November 2023)	<p>The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>

<b>Action required to ensure compliance with Care Standards for Nursing Homes, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 December 2023	The registered person shall ensure that where a patient has been assessed as requiring repositioning that the recommended frequency is recorded.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39.4  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2023	The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2023	The registered person shall review the staffing arrangements in the home to ensure patients' needs are met at all times. Consideration should be given to the deployment of staff, the layout of the home and working routines.
	<b>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.</b>  Ref: 5.1
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2023	The registered person shall ensure that deficits identified by the homes' care file audits clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.
	<b>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.</b>  Ref: 5.1

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b>Standard 18</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> With immediate effect (25 April 2024)</p>	<p>The registered person shall review the management of medicines for distressed reactions to ensure patient centred care plans are in place and the reason and outcome of administration is consistently recorded.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A robust system in place, where by weekly audit checks will be carried out in accordance of the outcome of the effectiveness of stress reaction medication.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b>Standard 31</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> With immediate effect (25 April 2024)</p>	<p>The registered person shall ensure the controlled drug record book is accurately maintained.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> I as the registered person will ensure that all nursing staff are aware that the controlled drug record is accurate and maintained and that the weekly medication audit will incorporate this in its check.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



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