

Inspection Report

5 April 2022



Greenpark Private Nursing Home

Type of service: Nursing Home (NH)

Address: 15 Keady Road, Armagh, BT60 4AA

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mr Damien Gribben Registered Person Mr Damien Gribben	Registered Manager: MrsAvril Mulligan – not registered
Person in charge at the time of inspection: Mrs 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 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	Number of patients accommodated in the nursing home on the day of this inspection: 46
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 62 patients. Patient accommodation is provided over three floors with a choice of lounges and dining rooms located on the ground floor. There is a designated dementia unit which provides accommodation for eight patients.	

2.0 Inspection summary

An unannounced inspection took place on 5 April 2022, from 9:45am to 5:00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

The outcome of the inspection confirmed that the care in Greenpark was delivered in a safe, effective and compassionate manner. The service had a clear management structure and systems in place to provide oversight of the delivery of care.

As a result of this inspection one area for improvement were identified with regard to the completion of food and fluid charts.

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 the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Five patients, one relative and twelve staff were spoken with individually. Patients spoke positively about the care they were receiving, about the staff, their attitude and how they attended to them. The relationships and interactions between staff and patients was very relaxed and informal.

Patients were content and provided examples of what they liked about living in Greenpark. Staff were described as “very kind”, “attentive” and “caring”. They told us the food was good and that they enjoyed the organised activities.

Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home; these patients were observed to be well attended to with attention paid to their personal appearance.

We spoke with one relative who was satisfied with the care of their loved one. They reported that they found the staff, and the manager, to be approachable and supportive.

Staff told us they were able to meet the needs of the patients in a timely way, that they worked well as a team and were satisfied with the standard of care they were enabled to deliver.

5.0 The inspection

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

Areas for improvement from the last inspection on 10 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 16(1) Stated: First time	The registered person must ensure that patients who are assessed as at risk of developing pressure ulcers have a pressure damage prevention and treatment care plan in place.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13(1)(a) Stated: First time	The registered person shall ensure that wound care is delivered in accordance with patients' care plans.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 19(1)(a) Schedule 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records are maintained to evidence the delivery of wound care.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4)(d)(i)</p> <p>Stated: First time</p>	<p>The registered person must ensure that fire doors are not propped open and are monitored to ensure they remain closed.</p> <hr/> <p>Action taken as confirmed during the inspection: There were no fire doors propped open during the inspection. Staff were aware of their responsibility to ensure that fire doors were not propped open. A rolling programme was in place to fit self closure mechanisms to bedroom doors. At the time of the inspection 2 doors had been fitted with self closures. This area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4)(c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that arrangements are made to store the identified laundry cages in an alternative area.</p> <p>Until the cages are relocated the identified area must be monitored to ensure that the means of escape is not compromised;</p> <hr/> <p>Action taken as confirmed during the inspection: The RI confirmed that the laundry cages were relocated the day after the previous inspection and were observed stored in an alternative location. Laundry staff were knowledgeable of the requirement to ensure the fire escape was kept clear. This area for improvement has been met.</p>	<p>Met</p>

Area for improvement 6 Ref: Regulation 20(3) Stated: First time	The registered person shall ensure that a competency and capability assessments is completed with any nurse who is given responsibility of being in charge of the home in the absence of the manager.	Met
	Discussion with the Manager and a review of records evidenced that this area for improvement has been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.1 Stated: First time	The registered person shall ensure that patients have a comprehensive, holistic assessment commenced on the day of admission and completed within 5 days.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that repositioning charts are consistently completed to evidence that patients are assisted to change their position regularly and in accordance with their care plan.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis. There was evidence that where staff reported unfit for duty at short notice reasonable attempts were made to replace staff. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. Staffing had recently been reviewed in response to the number of patients occupied, the dependency of the patients and the layout of the building. Staff were generally satisfied that when the planned staffing was provided it was sufficient to meet the needs of the patients.

Assurances were given by the Responsible Individual (RI) and the Manager that the revised staffing levels would be kept under review to ensure they continued to meet the needs of the patients. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way.

Patients were happy with the manner in which staff attended them; they told us that staff were always around and willing to help when needed. Three patients felt that there were insufficient staff in the morning to assist them; they did confirm that staff did offer them a choice with their morning routines. This was discussed with the Manager and Deputy Manager who were aware of the patients' dissatisfaction and were continuing to work with them to establish their preferred routines and how staff could best support them.

Staff spoke compassionately about patients' needs and demonstrated a good understanding of patients' individual wishes and preferences.

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Care records contained detail of the individual care each patient required and were reviewed regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals. Daily records were kept of how each patient spent their day and the care and support provided by staff.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded and evidence that patients were assisted to change their position regularly. Patients with wounds had these clearly recorded in their care records. Records reflected the care delivered to encourage the healing of wounds.

A review of the management of catheter care evidenced that care plans were in place and included the frequency with which catheters were due to be renewed. Records confirmed that catheters were renewed in accordance with the prescribed frequency.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Daily records were kept of what patients had to eat and drink however there were significant periods in three charts reviewed where there was no evidence of what the patients had to eat or drink; this was identified as an area for improvement.

Lunch was served in the lounges of the home, the meals were nicely presented and looked and smelt appetising. During the global pandemic the practice of serving meals in the dining room ceased due to the need for social distancing. The benefits to the dining experience of attending the dining rooms for meals was discussed and management were asked to consider how their use could be safely re-introduced.

Patients were complimentary regarding the standard and variety of food served. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need.

5.2.3 Management of the Environment and Infection Prevention and Control

The atmosphere in the home was relaxed and well organised. The environment provided homely surroundings for the patients and was clean and fresh smelling throughout. Since the previous inspection new flooring has been fitted to all of the bedrooms and a number of bedrooms have been redecorated. A rolling programme of redecoration was in place and included further bedroom and plans to create a central reception area for the home.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out regularly. The Responsible Individual (RI) advised that plans were in place to fit further magnetic door closures to a number of bedroom doors

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home. Arrangements were in place for visiting and care partners.

5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff introduced us to patients using their preferred name and responded to requested for assistance in a quiet, calm manner. Each patient had their own routine and staff were knowledgeable of their likes and preferences.

A member of staff was employed to plan and oversee the delivery of activities. They explained that prior to planning the activity programme and deciding the type of activities provided that they meet with the patients to discuss what they would like to do. The current activity programme included gardening, crafts, games and quizzes. Patients told us they looked forward to the activities.

The activity programme included events to mark seasonal occasions, for example Easter crafts, an afternoon tea to mark Mother's Day and pancake making on Shrove Tuesday. Patients were supported with their spiritual needs with individual visits from the local parishes.

The Activity Leader advised that they had recently attended training sessions on how to incorporate music in a meaningful way into everyday life and how to encourage patient interaction through painting and ways to motivate patients to engage with art.

5.2.5 Management and Governance Arrangements

There was a clear management structure within the home; they are supported in their role by a deputy manager, senior nurses and administrative staff. Management support was also provided by the RI, Mr Gribben, who was present in the home regularly and available throughout the inspection.

They advised that they undertake monthly visits to the home to consult with patients, their relatives and staff and to examine all areas of the running of the home.

Staff commented positively about the management team and described them as supportive, approachable and knowledgeable of the daily life and preferences of the patients.

Competency and capability assessments had been completed with any nurse who was given responsibility of being in charge of the home in the absence of the Manager.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The deputy manager or members of the team completed regular audits of the environment, infection prevention and control (IPC) practices and the use of PPE.

There was a system in place to manage complaints and to record any compliments received about the home.

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 (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Damien Gribben, RI, Avril Mulligan, manager and Emma Garrigan, Deputy 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: Ongoing from the date of the inspection	The Registered Person shall ensure that food and fluid charts are fully completed to reflect the patients' actual daily intake. Ref: 5.2.2
	Response by registered person detailing the actions taken: All registered nurses (day/night) must check that fluid balance charts are maintained. Nurses must check these charts prior to finishing their shifts, Spot checks are to be carried out by management.

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



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