

# Inspection Report

9 & 10 November 2021



## Greenpark Private Nursing Home

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

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Mr Damien Gribben</p> <p><b>Registered Person</b> Mr Damien Gribben</p>	<p><b>Registered Manager:</b> Avril Mulligan – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Avril Mulligan</p>	<p><b>Number of registered places:</b> 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). 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><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</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 51</p>
<p><b>Brief description of the accommodation/how the service operates:</b> 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.</p> <p>There is a designated dementia unit which provides accommodation for eight patients.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 9 November 2021, from 10:00am to 5:00pm and 10 November 2021 from 11:00am to 4:00pm by a care Inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Following the inspection RQIA met to discuss the inspection findings in more detail. An action plan was submitted which confirmed the actions taken immediately following the inspection and the further actions planned to address the deficits identified. RQIA were assured by the information provided and therefore it was decided that the concerns identified would be addressed through the Quality Improvement Plan (QIP).

As a result of this inspection eight areas for improvement were identified. Improvements are required with the recording and delivery of wound care, the completion of assessments on admission, the creation of care plans, completion of repositioning charts and fire safety. Competency assessments are required to be completed with any nurse who is given responsibility of being in charge of the home in the absence of the manager. Compliance with these areas will further improve the services provided in the home.

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

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Registered Person and Manager were provided with details of the findings.

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

Twelve patients and seven staff were spoken with. Patients provided examples of what they liked about living in Greenpark. They said they were content, well looked after and that they enjoyed the food. The atmosphere in the home was unhurried and social. Some patients called staff by their name and were well informed of the day to day running of the home.

Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However all of the patients were well presented, smiled when spoken with and were relaxed in the company of staff. When asked if they were warm and comfortable those who could express their opinion confirmed that they were.

#### 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 17 May 2021		
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 30 <b>Stated:</b> First time	The registered person shall ensure that RQIA are notified of all accidents where medical advice is sought.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement has been met.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 23.2  <b>Stated:</b> Second time	<p>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.</p> <p>Care plans should include any pressure relieving equipment and the required setting.</p>	<b>Partially met.</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A review of care records evidenced that care plans did not consistently include the pressure relieving equipment in place for pressure relief. This area for improvement has been assessed as partially met and is now stated as an area for improvement under regulation.</p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	<p>The registered person shall ensure that each patient has a care plan in place for all assessed needs.</p> <p>This is specifically with regard to wound care.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A review of care records evidenced that care plans were in place for the management of wounds. This area for improvement has been met.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46.12  <b>Stated:</b> First time	<p>The registered person shall that audits of hand hygiene and staff compliance with PPE are completed regularly.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A review of records evidenced that this area for improvement has been met.</p>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

Staff working in nursing homes are required to be registered with a professional body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff this is the Northern Ireland Social Care Council (NISCC). Staff in the home were appropriately registered with systems in place to check that their registration remained live.

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. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way. Staff were satisfied that when the planned staffing was provided there were sufficient staff to meet the needs of the patients.

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. They described staff with words such as “jovial” and “caring” and felt that they were good at their job.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine, wishes and preferences.

Patients were content that there was choice in their daily life; they were assisted with their morning routine depending on when they liked to get up. Patients had the choice of spending their day in their bedroom or with other patients in the lounge. Staff engaged with patients on an individual and group basis throughout the day and patients had the opportunity to take part in social activities if they wished.

A range of assessments were completed to identify patients’ needs. Assessments were not always commenced at the time of admission to the home or completed within the required timescale of five days; this was identified as an area for improvement.

Care records were reviewed regularly to reflect the changing needs of the patients. Records included any advice or recommendations made by other healthcare professionals.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Where patients were assessed as at risk of developing pressure ulcers a care plan to meet the assessed need was not always in place. This was identified as an area for improvement. Pressure relieving care was recorded however the repositioning charts were not consistently completed to evidence regular repositioning; this was identified as an area for improvement. The importance of ensuring that a record of patients' skin condition was recorded was discussed.

Patients with wounds had these clearly recorded in their care records. Observations of the delivery of one patient's wound care evidenced that staff were not adhering to the care plan in place; this was identified as an area for improvement. The care delivery issues were brought to the immediate attention of the nurse in charge who addressed them without delay.

Care plans were in place to direct the care required to encourage healing of the wounds, however records did not reflect that the care was being delivered in accordance with the care plans; this was also identified as an area for improvement.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Care plans were in place to manage patients' nutritional needs. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded to evidence that patients were receiving a varied diet.

Meals were served to the majority of patients in the lounge areas of the home. The food served was attractively presented and smelled appetising. There was a variety of drinks offered with meals. Staff attended to patients in a timely manner offering patients encouragement with their meals. Patients commented positively on the meals served.

Staff reported that the dining rooms have not been used for meals since the beginning of the pandemic due to the challenges of social distancing. Following discussion with the Manager it was agreed that the use of the dining rooms would be reviewed and consideration given to re-opening the dining rooms to provide patients with a change of environment during mealtimes.

### **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. The majority of patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were suitably furnished, clean and tidy; and comfortable.

The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

Fire safety measures were in place; a fire risk assessment had been completed and a range of fire checks were carried out daily and weekly. On the second day of the inspection a number of patients on the ground floor spent the morning in their bedrooms. These bedroom doors were



not fitted with self-closing devices and therefore, for supervisions purposes, were propped open, contravening fire safety. This was brought to the immediate attention of the Manager who put systems in place to ensure the patients could be safely supervised without compromising fire safety. Following the inspection confirmation was received by RQIA that self-closure devices had been ordered for some bedrooms and were due to be delivered and fitted in a number of weeks. In the interim fire doors must not be wedged open; they should be monitored by the Manager to ensure they remain closed; this was identified as an area for improvement.

A number of laundry cages were stored to right of the fire escape at the rear of the home. Whilst on the day of the inspection the cages were not impeding the exit route it was agreed that a more suitable alternative area should be identified. Until suitable arrangements are made to relocate these cages the Manager must monitor this area regularly to ensure that the means of escape is not compromised. This was identified as an area for improvement.

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; seven patients were benefiting from the support of their care partners. Precautions such as a booking system, temperature checks and completion of a health declaration were in place for visitors to minimise the risk of the spread of infection. Staff were enthusiastic to have families visiting again.

Patients, and relatives were appropriate, participated in the regional Covid-19 testing and staff continued to be tested weekly.

#### **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 demonstrated a sound understanding of patients' behaviours and choices.

Patients were of the opinion that they were well supported by staff and were able to make choices about their day to day life in the home and that these choices were respected by staff. These choices included times for getting up and going to bed, where they chose to have their meal, food and drink options, and where and how they wished to spend their time.

Activities were delivered in both small group settings and on a one to one basis. The choice and type of activities delivered was determined by the patients and their likes and interests. Patients knew the activity leader by name and was familiar with the events planned. Patients could have their choice of paper delivered; they spoke of how they valued this service and looked forward to receiving their daily paper.



Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### **5.2.5 Management and Governance Arrangements**

There was a clear management structure within the home. Mrs Mulligan has been the Manager since August 2019; to date there has been no application to register with RQIA. This was discussed with the Registered Person who provided an update regarding the future management of the home. A deputy manager had been appointed to work alongside the manager and provide support. Management support was also provided by the Registered Person, Mr Gribben, who was present in the home regularly and available throughout the inspection. The Manager also reported good support from the Southern Health and Social Care Trust (SHSCT) particularly during the past 18 months of the global pandemic.

Staff commented positively about the manager and described them as supportive, approachable and knowledgeable of the day to day life in the home. Patients were familiar with the both the Manager and Deputy and many of them referred to them by name. It was obvious from their interactions with the patients that they were familiar with them.

When the Manager was off duty a registered nurse was in charge of the home. Competency assessments are required to be completed for any nurse who is given responsibility of being in charge of the home in the absence of the manager; this was identified as an area for improvement.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager completed regular audits of the incidence of accidents, wounds, infection prevention and control (IPC) practices and care records.

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

Unannounced visits were undertaken each month by the Registered Person during which they, consulted with patients and staff and examined areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

## **6.0 Conclusion**

Staff reacted to the needs of the patients in a timely way and responded to requested for assistance in a quiet, calm manner. Observations confirmed that there was enough staff to respond to the needs of the patients in a timely way and that staff engaged with patients on an individual and group basis. Patients told us that the staff were always around and willing to help when needed.

As a result of this inspection eight areas for improvement were identified. Improvements are required with the recording and delivery of wound care, the completion of assessments on admission, the creation of care plans, completion of repositioning charts and fire safety. Competency assessments are required to be completed with any nurse who is given responsibility of being in charge of the home in the absence of the manager.

Compliance with these areas will further improve the services provided in the home.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Damien Gribben, Registered Person and Avril Mulligan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of the inspection.</p>	<p>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.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Nurses to refresh themselves with the correct procedure to follow when a resident is at risk or has developed a pressure wound. eg Braden Score, Photographs, Measurements, Open Wound Charts, TVN Referral if required, Flow Chart advice and reporting to management etc.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of the inspection.</p>	<p>The registered person shall ensure that wound care is delivered in accordance with patients' care plans.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Discussed with individual Registered Nurses the importance of Care Plans for wounds and documenting each time the plan of care has been delivered.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19(1)(a) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the day of the inspection.</p>	<p>The registered person shall ensure that records are maintained to evidence the delivery of wound care.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Wound audits to be increased to weekly.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4)(d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person must ensure that fire doors are not propped open and are monitored to ensure they remain closed.</p> <p>Ref 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff are aware Fire Doors/Doors must not be propped open, magnetic door holders are on order and we await delivery of same, these will be wired to the fire alarm on arrival.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (4)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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> <p>Ref 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> laundry cages are not permanently fixed to one side of the rear staff exit door leaving 2.4m clear exit space.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 20(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 January 2022</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Competency and capability assessments are completed for Registered Nurses.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that patients have a comprehensive, holistic assessment commenced on the day of admission and completed within 5 days.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All residents admitted are to have care plans audited on day 3 or 4 post admission with identified action plan to be achieved by day 5.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection.</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Repositioning charts were amended on the first day of the inspection. These now include skin integrity at the time of observation. These charts are to be signed off by registered nurses at 800Hrs and 2000Hrs. It was also explained to the Care Assistants the importance of recording the condition of the Residents skin and informing the Nurse in charge of any changes in the condition of the skin.</p>

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