

Inspection Report

9 November 2023



Greenpark Private Nursing Home

Type of Service: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Mr Damien Gribben</p> <p>Registered Person Mr Damien Gribben</p>	<p>Registered Manager: MrsEmma Garrigan- not registered</p>
<p>Person in charge at the time of inspection: Mrs Emma Garrigan</p>	<p>Number of registered places: 62</p> <p>This number comprises:</p> <ul style="list-style-type: none"> • a maximum of eight patients in category NH-DE, • a maximum of four patients in category NH-MP/MP(E), • a maximum of two patients in category NH-PH/PH (E), • a maximum of one patient in category NH-LD(E) • a maximum of four named residents receiving residential care in category RC-I
<p>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</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 46</p>
<p>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. 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 2023 from 10:10am to 4:30pm by a care inspector.

The inspection assessed progress with all 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services 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 we reviewed information held by RQIA about this home. This included 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 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

Patients told us they were happy with the service provided. Comments included; “the staff go out of their way to help you” and “the staff treat me well”. Patients were positive about the cleanliness of the home, the care provided and the provision of meals.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and training.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

Four responses were received from the resident/relative questionnaires following the inspection indicating that they were satisfied with the overall provision of care in the home.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

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 28 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (c) (ii) Stated: First 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.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and is stated for a second time	
	This is discussed further in Section 5.2.1.	

Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: First time	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. This is in relation to the safe storage of thickening agents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 17 (1) Stated: Firsttime	The registered person shall ensure that deficits identified by the Homes audit processes are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. The manager should also evidence that they are monitoring this process.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. A new area for improvement had been made specifically in relation to care file audits. This is discussed further in Section 5.2.5.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time	The Registered Person shall ensure that food and fluid charts are fully completed to reflect the patients' actual daily intake.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that the duty rota includes the first name and surname of all staff members and identifies the person in charge when the manager is not on duty.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning that the recommended frequency is recorded.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and is stated for a second time. This is discussed further in Section 5.2.2.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC).

It was noted that the tracker used for registration of care workers with the Northern Ireland Social Care Council (NISCC) did not include the name of all the staff. This was discussed with the management team who provided clarification that all the care staff were either appropriately registered or were in the process of registering with NISCC. The importance of managerial oversight of all the stages of staff registration with NISCC was discussed and an area for improvement has been stated for a second time.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the role of others. Review of training records evidenced that a number of staff had not been trained in Deprivation of Liberty Safeguards. This was discussed with the management team and an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager had a competency and capability assessment in place.

The manager told us that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home and that staffing levels were reviewed regularly. However, records were not maintained to evidence how the manager used this information to inform staffing levels. Some staff told us that they were not satisfied with staffing levels and the skill mix of staff on duty. The staff comments were shared with the manager and an area for improvement was identified in regard to staffing arrangements and the deployment of staff. Despite staff comments, staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a “handover” at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the patients’ needs.

Any patient assessed as being at risk of falls, had measures in place to reduce this risk. However, examination of care documentation for patients who had experienced a fall evidenced that neurological observations were not completed for the recommended timeframe. This was identified as an area for improvement.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise were assisted by staff to change their position. Records evidenced that the patients were repositioned however, the frequency of repositioning was not recorded. This was discussed with the manager and this area for improvement was stated for a second time.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

There were no actions required from the most recent fire risk assessment on 8 February 2023. Fire extinguishers were observed easily accessible

One bedroom door was observed to be wedged open, this was discussed with the manager and an area for improvement was identified.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last care inspection. Mrs Emma Garrigan has been the manager since 9 December 2022.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

There was evidence of auditing and monitoring across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls. However, review of the care record audits evidenced that they lacked detail and were not identifying deficits. Given the significant level of improvement in the homes audit processes, this was discussed with the manager and a new area for improvement was identified specifically in relation to care file audits.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. A review of records of accidents and incidents in the home evidenced that a small number of notifiable accidents and incidents had not been reported to RQIA in keeping with regulation. This was identified as an area for improvement.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all 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. These reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

6.0 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 (December 2022)**

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

*the total number of areas for improvement includes one regulation and standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (c) (ii) Stated: Second time To be completed by: With immediate effect	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: There is a robust system in place , to highlight when new staff are due to register and when current staff registration needs renewed. This is checked monthly by the administrator and management to ensure that no care staff are working without a registered pin
Area for improvement 2 Ref: Regulation13 (1) (a) Stated: First time To be completed by: 31 December 2023	The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance. Ref: 5.2.2
	Response by registered person detailing the actions taken: New observation guidance placed at the nurses station detailing the observations required after a fall, that has unwitnessed with a suspected head injury. Clearly shows the times within the 24 hour period that neurological observations needs to be carried out. Introduction of a new audit around the completion of neurological observations to highlight areas of improvement.
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff made aware that the propping open of fire doors is a fire hazzard and should never be done. Director of company is sourcing an alternative device to allow door to be open with a closing device if fire alarm is sounded.

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner.</p> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: Management will ensure accidents and falls with injuries will be sent through to the RQIA and inspector to instruct if all are appropriate.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2023</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning that the recommended frequency is recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Management will ensure that all staff are made aware of a new turning chart that has been developed in more detail. Frequency of turns and condition of skin has been highlighted. Management will ensure the importance of frequency of turning and recording is communicated to all staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2023</p>	<p>The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Management will ensure all staff are made aware that deprivation of liberty level 2 is an essential part of their on line training with strategic thinking. Management will ensure all registered nurses are trained in level 3 of the deprivation of liberty.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2023</p>	<p>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.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2023</p>	<p>Response by registered person detailing the actions taken: Management has included a dependency of the residents which will be undertaken on a monthly basis to highlight and reflect the needs of the residents and the need for extra care staff if required.</p> <p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: New documentation on audit findings, which clearly identifies the findings, the nurse responsible and the time frame that's required to complete the careplans and assessments, also included has the action completed and date.</p>

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