

Inspection Report

16 July 2024



Greenpark Private Nursing Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Registered Provider: Mr Damien Gribben</p> <p>Registered Person: Mr Damien Gribben</p> | <p>Registered Manager: Mrs Emma 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) |
| <p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 48</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 16 July 2024 from 10 am to 4:40pm by a care inspector.

The inspection identified a number of areas for improvement with concerns regarding the lack of a robust and effective system to monitor staffs' registrations with their regulatory body, managerial oversight and governance arrangements, patient records pertaining to pressure area care and falls and the monthly monitoring reports. This resulted in the Registered Person and Manager attending a serious concerns meeting with RQIA on 27 July 2023 to discuss the inspection findings and their plans to address the serious concerns identified. Details of RQIA's enforcement procedures can be found on the website, www.rqia.org.uk

During the meeting the Registered Person and Manager submitted an action plan and discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

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.

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 treat me very well and my room is nice and clean” and “the staff make all the difference and the food is beautiful”. 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 and their roles.

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

One response was received from the patient/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 25 April 2024 | | |
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| 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: 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. | Not met |

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| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This area for improvement is stated for a third time. This is discussed further in Section 5.2.1. | |
| Area for Improvement 2 Ref: Regulation 13 (1) (a) Stated: First time | The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance. Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This area for improvement is stated for a second time. This is discussed further in Section 5.2.2. | Not met |
| Area for Improvement 3 Ref: Regulation 27 (4) (b) Stated: Firsttime | The registered person shall ensure that the practice of propping open fire doors ceases immediately. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | Met |
| Area for Improvement 4 Ref: Regulation 30 Stated: First time | The registered person shall ensure that accidents and incidents are appropriately reported to RQIA in a timely manner. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | Met |
| Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022) | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 23 Stated: Second time | The registered person shall ensure that where a patient has been assessed as requiring repositioning that the recommended frequency is recorded. Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This area for improvement is subsumed into an area | Not met |

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| | for improvement under regulation to drive the necessary improvement. Refer to section 5.2.2 | |
| Area for Improvement 2 Ref: Standard 39.4 Stated: First time | The Registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards. | Partially met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in Section 5.2.1 and is stated for a second time. | |
| Area for Improvement 3 Ref: Standard 41 Stated: 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for Improvement 4 Ref: Standard 35 Stated: 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. | Met |
| | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for Improvement 5 Ref: Standard 18 Stated: First time | 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. | Carried forward to the next inspection |

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| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. | |
| Area for improvement 6 Ref: Standard 31 Stated: First time | The registered person shall ensure the controlled drug record book is accurately maintained | Carried forward to the next inspection |
| | 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. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Some recruitment records contained gaps in employment history which had not been recorded or explored and induction records were not available. This was discussed during feedback and an area for improvement was identified.

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) was not robust and concerns were raised regarding the current registration status of some staff in the home. Details were discussed with the Manager during feedback and with the Responsible Person at the meeting with RQIA and assurances were given that all current staff were registered with NSCC. The importance of managerial oversight of all the stages of staff registration with NISCC was discussed and this area for improvement has been stated for a third time.

There were systems in place to ensure staff were trained and supported to do their job. However; it was not possible to identify from the staff training matrix if staff had received their mandatory training or not. This was discussed with the manager and an area for improvement was identified.

Staff confirmed that they understood their role in the home and the role of others. Review of training records evidenced that not all staff had been trained in Deprivation of Liberty Safeguards. This was discussed at feedback and this area for improvement is stated for a second time.

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.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

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 reviewed did not evidence how the manager used this information to inform staffing levels. This was discussed with the Manager and the Responsible Person at the meeting with RQIA and assurances were given that this process would be reviewed, this will be reviewed at the next inspection.

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 consistently recorded. This area for improvement is stated for a second time.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care. However, review of the restrictive practice audits evidenced that they lacked detail and did not reflect all current restrictive practices within the home. This was discussed with the manager and an area for improvement was identified.

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, entries were not time-specific and the condition of the patient’s skin was not recorded. Care plans were not in place to provide direction regarding the repositioning regime required. Therefore, the previously stated area for improvement in relation to repositioning records is subsumed into an area for improvement under regulation to help drive the necessary improvement.

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. However, the menu was not displayed in each of the dining rooms. This was identified as an area for improvement.

Discussion with staff confirmed that the planned menu was not always adhered to due to a number of external factors. Review of records confirmed that variations to the menu were not recorded. This was discussed with the manager and an area of improvement was identified.

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.

Staff were observed to carry out hand hygiene at appropriate times, however some staff were observed to have nail polish on, this can impede effective hand hygiene. This was discussed with the manager and an area for improvement was identified.

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.

It was noted that no recent relatives' meetings had been held in the home. Engagement with relatives was discussed with the manager and assurances were given that a date would be arranged. This will be reviewed at the next inspection.

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. A programme of activities was not on display. This was discussed with the manager and an area for improvement was identified.

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 but has not yet come forward for registration with RQIA. This was discussed with the manager and registered person on the day of inspection and guidance was provided to the registered person on submitting an application.

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, wound care and falls.

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.

The home was visited each month by a representative of the Registered Person (RP) to consult with patients, their relatives and staff and to examine all areas of the running of the home. Review of the reports completed evidenced that a number of the reports reviewed did not identify areas for an action plan. This was discussed with the management team and an area for improvement was identified.

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 |
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| Total number of Areas for Improvement | 4* | 11* |

* the total number of areas for improvement includes one regulation that has been stated for a third time, one regulation that has been stated for a second time, one standard that has been stated for a second time and two standards 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 and Mr Damien Gribben, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 20 (c) (ii) Stated: Third time To be completed by: 16 July 2024 | 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: 5.1 & 5.2.1 |
| | Response by registered person detailing the actions taken: New documentation with monthly colour coded to highlight the date/month that it expires. Documentation changed to highlight start dates of new staff. New template of NISCC reminder letter to be issued to all registered NISCC providers a month prior to lapse of registration. This documentation will support and plan going forward the responsibility of administration/ management to ensure appropriate action is taken without delay. |
| Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: Second time To be completed by: 31 August 2024 | The registered person shall ensure that neurological observations are carried out for the specified time periods in line with best practice guidance. Ref: 5.1 & 5.2.2 |
| | Response by registered person detailing the actions taken: The appointment of a falls safety champion will be responsible for the falls records within the home. The role will make them responsible for carrying out audits on CNS observations on a monthly basis and ensuring that all deficits are identified and brought to managements attention were there are failings and to work along side management for best practice. |
| Area for improvement 3 Ref: Regulation12 (1) Stated: First time To be completed by: 31 August 2024 | The registered person should evidence that there is robust monitoring and oversight of repositioning being delivered to identified patients. Ref: 5.1 and 5.2.2 |
| | Response by registered person detailing the actions taken: To ensure all repositioning charts are reviewed on a weekly basis delegation to deputy manager to undertake and action any deficits in audits and deal with appropriately. Staff meetings and letters of concern issued and training to be provided. |

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| <p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p> | <p>The registered person shall ensure that when the monthly monitoring report identifies deficits/concerns that a meaningful action plan is put in place that 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: The registered person will ensure that when monthly monitoring reports identify deficits/concerns that an action plan is in place and clearly identifies the person responsible to make improvement and a time frame for completing.</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 39</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2024</p> | <p>The registered person shall ensure that all staff complete training in relation to Deprivation of Liberty Safeguards.</p> <p>Ref: 5.1 & 5.2.1</p> <p>Response by registered person detailing the actions taken: The registered person has identified the administration staff the responsibility of keeping monthly checks on staff training and liaising with management to ensure all staff are appropriately trained in regards to their role.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.1</p> <p>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.</p> |

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| <p>Area for improvement 4</p> <p>Ref: Standard 31</p> <p>Stated:First time</p> <p>To be completed by: 25 April 2024</p> | <p>The registered person shall ensure the controlled drug record book is accurately maintained</p> <p>Ref: 5.1</p> <p>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.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2024</p> | <p>The registered person shall ensure gaps in employment are explored before staff commence working in the home and that induction records are retained in the staff file on completion of the induction.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that all gaps in employment will be explored in interview. The interview format will have a question around any gaps in employment history.</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2024</p> | <p>The registered person shall ensure staff are trained for their roles and responsibilities and that records are maintained. There should be a system in place to monitor this.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that there is robust induction for all individual roles within the care home.</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p> | <p>The registered person shall ensure that the system in place to monitor the use of restrictive practice is accurate.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The registered person will ensure there is a system to monitor the use of restrictive practice and carry out audits monthly to identify residents with this in place.</p> |

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| Area for improvement 8 Ref: Standard 12 Stated: First time To be completed by: 16 July 2024 | <p>The registered person shall ensure that the daily menu is clearly displayed in a suitable format and location in order that patients know what the choices are at each mealtime.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that the kitchen staff and house keeping are responsible for the displaying of the menu on weekly basis. House keeping will be providing menus displayed on each table to ensure residents are aware of the choices available .</p> |
| Area for improvement 9 Ref: Standard 12 Stated: First time To be completed by: 16 July 2024 | <p>The registered person shall ensure that variations to the planned menu are recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that the kitchen supervisor keeps records if there is a variations to the menu.</p> |
| Area for improvement 10 Ref: Standard 46 Stated: First time To be completed by: | <p>The responsible person shall ensure that staff are aware of their responsibilities regarding effectivehand hygiene measures in accordance with the Regional IPC guidelines.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that all staff are reissued with the policy regarding uniform and the use of nail polish and gel nails that this is a breach of the policy and appropriate action will be taken if this is not adhered to.</p> |
| Area for improvement 11 Ref: Standard 46 Stated: First time To be completed by: 16 July 2024 | <p>The registered person shall ensure that the programme of activities is displayed in a suitable format and an appropriate location.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that activity staff are aware that all areas of the home should have an identified weekly planner of activities within the home especially the dementia unit.</p> |

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