



Unannounced Care Inspection Report 22 September 2020



Greenpark Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 15 Keady Road, Armagh BT60 4AA
Tel no: 028 3752 7445
Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 62 patients and residential care for four individual patients.

3.0 Service details

<p>Organisation/Registered Provider: Damien Gribben</p> <p>Responsible Individual: Damien Gribben</p>	<p>Registered Manager and date registered: The manager is Avril Mulligan – no application to register with RQIA has been received to date.</p> <p>See section 6.2.6 for further details.</p>
<p>Person in charge at the time of inspection: Avril Mulligan</p>	<p>Number of registered places: 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>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: 56</p>

4.0 Inspection summary

An unannounced inspection took place on 29 September 2020 from 09:45 hours to 16:45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery

- care records
- Infection prevention and control (IPC) measures
- environment
- leadership and governance.

Patients told us they were happy living in the home. Examples of comments received are included in the main body of the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in Greenpark which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3*

*The total number of areas for improvement under the standards include one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Avril Mulligan, manager and Damian Gribben, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rotas for weeks commencing 21 and 28 September 2020

- staff's registration with either Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- four patients' care records including repositioning charts.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection on 8 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 October 2019. Areas for improvement identified as a result of this inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(4)(b) Stated: First time	The registered person shall ensure that the storage of equipment is kept under review to ensure it does not compromise fire safety.	Met
	Action taken as confirmed during the inspection: Observations during the inspection confirmed that this area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	Validation of compliance	
<p>Area for improvement 1</p> <p>Ref: Standard 35.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the regional operational safeguarding policy and procedures are embedded into practice by:</p> <ul style="list-style-type: none"> • arranging the recommended level of training for the registered manager • implementing systems to collate the information required for the annual adult safeguarding position report <p>Action taken as confirmed during the inspection: The manager confirmed that, along with the responsible person, they had attended Level 2 training in adult safeguarding in February 2020. Systems were in place to collate the information required for the annual adult safeguarding position report. This area for improvement has been met.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the systems in place to check staff registration with their regulatory body are reviewed to include the annual fee date for NISCC.</p> <p>The systems in place must also ensure that they are effective in confirming registration at the time of date for renewal.</p> <p>Action taken as confirmed during the inspection: Following the previous inspection, records were updated to include the annual fee date for NISCC. This area for improvement has been met. The importance of ensuring that the exact date the monthly checks are completed was discussed with the manager.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the bedrail assessment is reviewed to ensure that it clearly identifies if bedrails are a suitable intervention.</p> <p>Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<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>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that some improvements had been made with the development of care plans. However, not all patients reviewed had a care plan in place. This area for improvement is assessed as partially met and is stated for second time.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients assessed as at risk of malnutrition have a care plan in place to identify the specific support required.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that this area for improvement has been met.</p>		

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the needs of the patients. A review of the staffing rota for the weeks commencing 21 & 28 September 2020 confirmed that the staffing numbers identified were provided. Observations confirmed that the needs of the patients were met by the staff on duty. Patients told us they were happy and that staff attended to them promptly. They said:

“It’s a very friendly place.”

“They are all very good to us here.”

We spoke with nine members of staff; they had a good knowledge and understanding of patients’ individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, patients and relatives. Staff spoken with told us that teamwork was good; they did not express any concerns regarding staffing levels.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. No responses were received.

6.2.2. Care delivery

Patients appeared well cared for and were generally content and settled in their surroundings. Patients were either being cared for in their individual bedrooms or in the lounge areas and staff promoted social distancing as far as practically possible. A television and some seating had been added to an area of the dining room to provide additional space for patients during the day. Patients told us they were comfortable and that they felt safe in the home.

We discussed the arrangements for visiting. A sitting area adjacent to one of the entrance doors had been used for relatives to visit their loved ones; the area had been decluttered and a Perspex screen had been provided to minimise the risk of the spread of infection. Further precautions such as a booking system, temperature checks and provision of Personal Protective Equipment (PPE) were also in place for visitors. At the time of the inspection the transmission rate of COVID-19 in the local area had increased significantly and the manager explained that visiting indoors had been temporarily suspended to minimise the risk of infection. There was good, clear communication sent to the relatives why the decision had been made and assurances provided that this decision would be kept under review. Visits by relatives through the window continued; again this was pre-arranged to ensure the patients were in their bedrooms when the relatives arrived.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“Thank you so much for all your hard work caring for (relative). We appreciate all that you do and hope you all remain safe and well.”

“We just wanted to say thank you for looking after ...at this difficult time. We really appreciate your duty of care to all those you look after.”

6.2.3 Care records

A range of assessments, to identify each patient's needs, was completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. In two of the care records reviewed, care plans were not in place for all of the assessed needs; this was identified as an area for improvement. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

All of the staff spoken with were knowledgeable of individual patient need and of each patient's routine for that day.

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. A review of records confirmed that staff assisted the patients to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

6.2.3 Infection prevention and control (IPC) measures

On arrival to the home the manager recorded our temperature and asked us to complete a health declaration form; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrances to the home which provided advice and information about COVID-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE correctly. Staff washed and sanitised their hands as required. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

The manager confirmed that staff and patient temperatures were being checked and recorded a minimum of twice daily. The home were part of the national COVID-19 screening programme for care homes with staff being tested every two weeks and patients being tested monthly.

We discussed the home's preparedness for a second surge of COVID-19. The home have a contingency plan in place in the event of an outbreak of; the plan included the operation of the home with regard to which staffing arrangements, admissions to and from hospitals, staffing changing facilities and staff break arrangements.

6.2.5. Environment

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. 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. Domestic staff were knowledgeable of the management of the cleaning of the bedrooms where patients were self-isolating.

6.2.6 Leadership and governance

There have been no changes to the management arrangements since the previous inspection. We discussed the application for the manager to register with RQIA. They explained that they were currently completing a leadership course and when this was complete they would focus on their application. The importance of ensuring that managers are registered with RQIA was discussed.

We discussed the systems in place to monitor and report on the quality of nursing and other services provided. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Records evidenced that IPC audits were completed; the most recent had been completed in June 2020. Given the ongoing pandemic and the need to ensure that staff continue to adhere to good practice it was recommended that regular hand hygiene and compliance with PPE audits are completed regularly. This was identified as an area for improvement.

A review of completed accident reports in the home evidenced that RQIA were not notified appropriately of all accidents where medical advice was sought; this was identified as an area for improvement.

A complaints procedure was available in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were maintained of any complaints received; no issues were identified with the management of complaints.

The monthly visits required to review the quality of the services provided have been completed throughout the outbreak by the responsible individual. Reports of the visits completed were available and included an action plan of any improvements required; the action plan was reviewed at the subsequent visit and progress made commented on in the report.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE, effective team work throughout the home and management support.

Areas for improvement

Areas for improvement were identified with the notification of accidents, care records and the auditing of hand hygiene and staff's compliance with PPE.

	Regulations	Standards
Total number of areas for improvement	1	3

6.3 Conclusion

On the day of the inspection, we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to patients individual needs. PPE was appropriately worn by staff. Four areas for improvement were identified as outlined in this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Avril Mulligan, manager and Damian Gribben, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Ongoing from the date of inspection.	<p>The registered person shall ensure that RQIA are notified of all accidents where medical advice is sought.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Sisters and Staff Nurses advised to inform manager if they have contacted GP OFH Doctor, Ambulance Service for advice regarding any accident that a patient has had, then they are to inform Manager who will then inform the RQIA with REG 30 Documentation.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 23.2 Stated: Second time To be completed by: 27 October 2020	<p>The registered person shall ensure that patients identified as at risk of developing pressure 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> <p>Ref 6.1</p> <p>Response by registered person detailing the actions taken: Sisters on A & B Side advised to inform all staff of the importance of checking all electric mattresses are at the correct setting i.e. for individual patients weights on a daily basis. Sisters and Staff Nurses informed to check their allocated Care Plans and to ensure anyone at risk of developing a pressure sore have a care plan in place, audits to be carried out in both of these areas</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 27 October 2020	<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> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Sisters and Staff Nurses informed to check their allocated Care Plans are all relevant to their patients needs and if the patient develops a wound then a care plan must be completed and kept updated. Care Plans to be checked by Manager.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 46.12</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The registered person shall that audits of hand hygiene and staff compliance with PPE are completed regularly.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Hand Hygeine and PPE Audits in place, spot checks are carried out and records are kept.</p>

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



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