



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	16791
Establishment ID No:	1486
Name of Establishment:	Greenpark
Date of Inspection:	25 April 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Greenpark
Address:	15 Keady Road Armagh BT60 4DH
Telephone Number:	02837527445
Registered Organisation/Provider:	Mr Edward Maguire
Registered Manager:	Mrs Mary McKee
Person in Charge of the Home at the time of Inspection:	Mrs Mary McKee
Other person(s) consulted during inspection:	Mr Edward Maguire
Type of establishment:	Nursing Home
Number of Registered Places:	62: NH-I, NH-DE, NH-MP/MP(E), NH-PH/PH(E), NH-LD(E), RC-I, RC-LD(E), RC-MP(E)
Date and time of Estates inspection:	25 April 2014 from 09.30 – 13.00hrs
Date of previous inspection:	9 October 2012
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Nursing Homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- Nursing Homes Minimum Standards (DHSSPS, 2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Patients' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mrs Mary McKee and Mr Edward Maguire.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

7.0 PROFILE OF SERVICE

Greenpark Private Nursing Home is centrally located in Armagh city, within in private grounds.

The home is a three storey building, registered to accommodate a maximum of sixty-two persons requiring both nursing and residential care.

The bedroom accommodation comprises of a range of single bedrooms and double bedrooms.

There are a number of sitting rooms, a designated smoke room for patients and residents, two dining rooms, a kitchen, a laundry, toilet/washing facilities, staff accommodation and offices.

Suitable car parking facilities and a landscaped area are available at the front of the premises.

The home is registered to provide care under the following categories:

Nursing Care (I)	Old age not falling into any other category
Nursing Care (MP)	Mental disorder excluding learning disability or dementia
Nursing Care MP (E)	Mental disorder excluding learning disability or dementia - over 65 years
Nursing Care (PH)	Physical disability other than sensory impairment
Nursing Care PH (E)	Physical disability other than sensory impairment - over 65years
Nursing (DE)	Dementia
Nursing LD (E)	Learning Disability - over 65 years
Residential Care (I)	Old age not falling into any other category
Residential Care LD (E)	Learning Disability - over 65 years
Residential Care MP (E)	Mental disorder excluding learning disability or dementia over 65 years

8.0 SUMMARY

Following the Estates Inspection of Greenpark on 25 April 2014 improvements are required to comply with the Nursing Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 32 - Premises and grounds
- Standard 35 - Safe and healthy working practices
- Standard 36 - Fire Safety

This resulted in seven requirements and three recommendations, outlined in the quality improvement plan appended to this report.

Subject to completion of the report recommendation and requirements the home is in a satisfactory condition, Mr Maguire, the responsible person indicated that the fire safety recommendation and requirements will be implemented without delay.

The Estates Inspector would like to acknowledge the assistance of Mrs Mary McKee and Mr Edward Maguire during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

The issue listed in the report of the previous estates inspection completed on 9 October 2012 has been addressed.

9.2 **Standard 32 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 There was evidence of maintenance activity and procedures; however the building and engineering services require some attention in order to comply with this standard. Items requiring corrective action by the registered person are detailed in report items 9.2.2 - 9.2.5 and in the attached Quality Improvement Plan section titled '**Standard 32 - Premises and grounds**'.
- 9.2.2 The wall surfaces of "B side" Dining day and day rooms have sustained minor scratch/scuff damage from contact with trolleys/wheelchairs.
(Reference: Quality Improvement Plan Item 2)
- 9.2.3 Bedroom 30 wall plaster had sustained impact damage and ceiling paper finish displayed cracks.
(Reference: Quality Improvement Plan Item 2)
- 9.2.4 Sealant joint between vinyl and tiles has deteriorated/degraded in second floor bathroom.
(Reference: Quality Improvement Plan Item 1)

9.2.5 “Pot-holes” were noted in the tarmac drive-way leading to the car park area.
(Reference: Quality Improvement Plan Item 3)

9.3 Standard 35 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home compliant with this standard, although some issues have been identified for attention by the registered person. Items requiring corrective/improvement action by the registered person are detailed in report items 9.3.2- 9.3.4 and in the attached Quality Improvement Plan section titled ‘**Standard 35 - Safe and healthy working practices**’.

9.3.2 The last recorded emergency generator service inspection certificate was dated 11 April 2013; Mr Maguire stated that a service/inspection was scheduled.
(Reference: Quality Improvement Plan Item 4)

9.3.3 The last recorded chlorination of the hot and cold water storage and distribution services was dated 15 April 2013; Mr Maguire indicated that a chlorination works of the systems had been arranged.
(Reference: Quality Improvement Plan Item 5)

9.3.4 The BS7671 Periodic Inspection Report for the electrical installation IPN2/0169663 as dated 9/ November 2011 and was listed as valid for five years.

There was no evidence that the code 2 improvement works had been implemented; Mr Maguire stated that he would assess the report and implement any required works.
(Reference: Quality Improvement Plan Item 6)

9.4 Standard 36: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 Fire Safety procedures are completed in the home and a fire risk assessment review was completed on August 2013; maintenance engineer service visits were recorded but the only inspection certificate presented for examination was dated 4 October 2013. Issues requiring corrective action by the registered person are detailed in report items 9.4.2 - 9.4.5 and in the section of the attached quality improvement plan titled ‘**Standard 36: Fire safety**’.

9.4.2 Combustible materials were stored beneath an electrical distribution board situated in a linen storage cupboard.
(Reference: Quality Improvement Plan Item 7)

- 9.4.3 Six in number bedroom doors did not have self-closer devices fitted. Mr Maguire stated that self-closer devices would be installed on all bedroom doors.
(Reference: Quality Improvement Plan Item 8)
- 9.4.4 BS5839 fire detection and alarm inspection report dated 24 April 2014 indicated that there was a fire zone overlap between zones 4 and 8; Mr Maguire stated that this defect would be rectified.
(Reference: Quality Improvement Plan Item 9)
- 9.4.5 The fire risk assessment was completed by Richardson Associates, Dungannon in August 2013.
It was not established that the fire risk assessor had professional or third party accreditation for the completion of fire risk assessments as recommended by RQIA communication "Competence of persons carrying out fire risk assessments in regulated residential care establishments", dated 31 January 2013.
(Reference: Quality Improvement Plan Item 10)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Mary McKee and Mr Edward Maguire during of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST BT1 3BT**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Greenpark NH
Date of Inspection	25/04/2014
Estates Inspector	R.Sayers

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	X	X		R.Sayers	21/08/14
C.	Clarification or follow up required on some items.					

Estates Inspection – QIP sign off sheet

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NOTES:

The details of the quality improvement plan were discussed with Mrs Mary McKee and Mr Edward Maguire during the inspection process.

The timescales commence from the date of inspection.



Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

Announced Estates Inspection to Greenpark Nursing Home on 25 April 2014

Standard 32 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 32 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	Regulation 27. (2)(b)	Remove existing sealant and apply new sealant to vinyl/tiled floor junction in second floor shower-room. (Reference: Report section 9.2.4)	12 weeks	Addressed immediately.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
2	Standard 32.1	Complete decoration repairs to walls and ceilings after completing a condition survey of all interior decorated surfaces. (Reference: Report sections 9.2.2 & 9.2.3)	12 weeks	Full condition survey of all interior decorated surfaces is in progress and all outstanding issues will be actioned.
3	Standard 32.5	Repair tarmacadam surface to remove "pot-holes" developing in driveway. (Reference: Report section 9.2.5)	16 weeks	This will be achieved within the given timescale.

Standard 35 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 35 - Safe and healthy working practices

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	Regulations 14. (2)(a),(b) &(c)	Submit a copy of the emergency generator maintenance engineer service certificate to the RQIA Estates inspector. (Reference: Report section 9.3.2)	8 weeks	Addressed immediately and attached to this report.
5	Regulations 14. (2)(a),(b) &(c)	Forward to the RQIA estates inspector, a copy of the legionella risk assessment and associated certificate for chlorination of the hot and cold water distribution & storage systems. (Reference: Report section 9.3.3)	12 weeks	Addressed immediately and both documents attached to this report.
6	Regulations 14. (2)(a),(b) &(c)	Verify that the BS7671 Periodic Inspection Report for the electrical installation is currently valid and that the system is compliant with the Electricity at Work regulations. (Reference: Report section 9.3.4)	8 weeks	BS7671 Periodic Inspection Report valid until 11/2014. Approved contractor has assured that all Code 2 issues will be achieved within given timescales.

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Standard 36 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 36 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulation 27.(4)(d)(v)	Remove combustibile materials from adjacent electrical distribution boards. (Reference: Report section 9.4.2)	immediate	Removed immediately and being monitored during the Homes auditing process.
8	Regulations 27.(4)(b),(c),(d)(i)	Plan works action to install self-closer devices on all bedroom doors in compliance with NI Fire & Rescue Service requirements. (Reference: Report section 9.4.3)	8 Weeks	Closure devices have been purchased and will be in situ within the stated timescale.
9	Regulations 27.(4)(d),(i),(ii)&(iv)	Alter boundaries to BS5839 system zones 4 & 8, to eliminate boundary overlap discrepancy. (Reference: Report section 9.4.4)	12 weeks	Boundaries to BS 5839 system will be altered as advised within 12 weeks.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
10	Standard 36.1	Verify that the fire safety consultant commissioned to review the facility fire risk assessment has professional or third party accreditation as recommended by RQIA guidance correspondence dated 31 January 2013. (Reference: Report section 9.4.5)	16 Weeks	Awaiting formal verification from our Fire Safety Risk Assessor and will forward when achieved.

Announced Estates Inspection to Greenpark Nursing Home on 25 April 2014

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