

Inspection Report

Name of Service: Greenpark Private Nursing Home

Provider: Mr Damien Gribben

Date of Inspection: 5 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Mr Damien Gribben
Responsible Person:	Mr Damien Gribben
Registered Manager:	Emma Garrigan- not registered
Service Profile: 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. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 5 November 2024 from 10:00 am to 4:05 pm by care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 16 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection ten areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again and two areas for improvement will be reviewed at the next pharmacy inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "the staff are brilliant" and "they have really good staff here".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Questionnaires returned from relatives indicated that they were very happy with the care provided with comments such as "the care provided to our family member is excellent, they treat mywith kindness and respect" and "there are lots of activities going on and the families are involved "

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

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.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

An isolated incident was observed where a staff member left medication with a patient and had not observed the administration of the medication. This was discussed with the manager who confirmed that they had addressed this with the staff member after the inspection.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients' assessed needs however the entries were not time specific. This was identified as an area for improvement.

Where a patient was at risk of falling, measures to reduce this risk were put in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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 area for improvement has been stated for a second time.

The importance of engaging with patients was well understood by the manager and staff. Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day. Staff understood that meaningful activity was not isolated to the planned social events or games.

The weekly programme of social events was displayed on the noticeboard advising of future events. Patients' needs were met through a range of individual and group activities such as bingo, baking, arts and crafts, painting and music. Patients were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

Pictures were displayed of recent events held within the home such as "Harvest Celebrations", "Autumn Crafts" and "Halloween Activities". Patients spoke positively regarding these events, with comments such as "I really enjoy all the activities".

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Daily records were kept of how each resident spent their day and the care and support provided by staff. However, patients' records were not stored in a confidential manner and could be accessed by unauthorised persons. An area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. However, some IPC deficits were noted,

namely: a number of bumper covers were found to be cracked or stained. An area for improvement was identified.

Observation of the environment in the dementia unit, identified concerns regarding the maintenance of patient safety. For example, in the lounge, there was an unlocked cabinet with a container of food and fluid thickening agent. Food and fluids were also accessible. This was identified as an area for improvement.

Observation of the environment identified a number of door wedges in patient bedrooms. Patients told us at times their doors were propped open rendering these doors ineffective in the event of a fire. An area for improvement was identified.

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 area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

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.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	6*

* the total number of areas for improvement includes two standards that have been stated for a second time and two standards which are carried forward for review at the next pharmacy inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Garrigan, Manager 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 19 (5) Stated: First time To be completed by: 5 November 2024	The registered person shall ensure that patients' confidential records are securely stored. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person will ensure that all staff are made aware of the importance of GDPR and that it's a legal requirement that residents confidential records are securely stored. The administrator has applied a locked system to the computers that they automatically lock after 5 minutes when no activity has occurred. All staff reminded that they must sign off after every use and the lock out is only used as a double security
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 5 November 2024	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. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that all staff are made aware that areas within the home ie the dementia unit should not have food or fluids where residents can have direct access to. Fluids and food should be secured in the nurses treatment room.
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 5 November 2024	The registered person shall ensure that the practice of propping open fire doors ceases immediately. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that all staff are made aware that it is not best practice to prop fire doors through staff meetings. All wedges removed immediately. The responsible person is sourcing for fire door closers to enable fire doors to be held open to ease access, whilst ensuring that they automatically close in the event of a fire.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	

Area for improvement 1 Ref: Standard 12 Stated: Second time To be completed by: 5 November 2024	The registered person shall ensure that variations to the planned menu are recorded. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: The responsible person will ensure that the cook has a record of the recordings of all variations of the menu and the reason why there has been a change. The responsible person to audit this.
Area for improvement 2 Ref: Standard 46 Stated: Second time To be completed by: 30 November 2024	The responsible person shall ensure that staff are aware of their responsibilities regarding effective hand hygiene measures in accordance with the Regional IPC guidelines. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: The responsible person will ensure that all staff are aware of their responsibilities in regards to effective hand hygiene measures. This will be communicated through staff meetings, Greenpark whats app group and weekly audits to ensure all staff are aware of their responsibilities .
Area for improvement 3 Ref: Standard 18 Stated: First time To be completed by: 25 April 2024	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. Ref: 2.0
	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 4 Ref: Standard 31 Stated: First time To be completed by: 25 April 2024	The registered person shall ensure the controlled drug record book is accurately maintained. Ref: 2.0
	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 5 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient has been assessed as requiring repositioning, entries recorded are time-specific. Ref: 3.3.2

To be completed by: 30 November 2024	Response by registered person detailing the actions taken: The registered person will ensure that documentation in regards to repositioning of residents is time specific and that staff are completing this appropriately with continuous auditing and feed back to the staff through staff meetings
Area for improvement 6 Ref: Standard 46 Stated: First time To be completed by: 30 November 2024	The registered person shall ensure the infection prevention and control deficits identified at this inspection are addressed: <ul style="list-style-type: none"> • Bumper covers are replaced or cleaned Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure that all bumper covers that require replaced will be done immediately, the housekeeper will monitor same when auditing and will be replaced.

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