



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 8 October 2019



Greenpark Private Nursing Home

Type of Service: Nursing Home (NH)
Address: 15 Keady Road, Armagh, BT60 4DH
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 registered nursing home which provides care for up to 62 patients.

3.0 Service details

| | |
|--|---|
| <p>Organisation/Registered Provider: Mr Damien Gribben</p> <p>Responsible Individual: Mr Damien Gribben</p> | <p>Registered Manager and date registered: Avril Mulligan – manager – no application has been received to date</p> |
| <p>Person in charge at the time of inspection: Avril Mulligan</p> | <p>Number of registered places: 62</p> |
| <p>Categories of care: Nursing Home (NH) 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 MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years DE – Dementia 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: 52</p> |

4.0 Inspection summary

An unannounced inspection took place on 8 October 2019 from 09:45 hours to 17:45 hours.

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.

Evidence of good practice was found throughout the inspection in relation to provision and training of staff, assessment of patient safety and risk and the comfort of the home's environment.

There were examples of good practice found in relation to the assessment of patients' needs and the delivery of care. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients required.

We observed that patients were offered choice with their daily routine and that the activities provided had a positive impact. There were good systems in place to provide management with oversight of the services delivered.

The following areas were identified for improvement in relation to the systems in place to check staff registration with their regulatory body, bedrail assessments and the monitoring of the storage of equipment with regard to fire safety. Improvements are also required with the completion of care plans.

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.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | *5 |

*The total number of areas for improvement include one which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Avril Mulligan, manager and Damian Gribben, registered provider, 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 23 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' 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 lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 30 September and 7 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of monthly visits undertaken on behalf of the registered provider
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 inspections on 23 October 2018

| Areas for improvement from the last care inspection | | |
|--|---|--|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 35.11 Stated: First time | <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. | Carried forward to the next care inspection |
| | <p>Action taken as confirmed during the inspection:</p> <p>In August 2019 a new registered person and new manager took over. Both were aware of the regional operational safeguarding policy but given the short time they have been in post neither have completed training.</p> <p>Whilst systems were in place to record any safeguarding referral the systems to collate the information required for the annual adult safeguarding position report have not yet been reviewed by the current registered persons.</p> <p>Therefore this area for improvement has been carried forward for review at the next inspection.</p> | |

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for weeks commencing 30 September and 7 October 2019 confirmed that the staffing numbers identified were provided. We discussed the staffing levels with nursing and care staff; all were satisfied that there was enough staff to meet the patients' needs.

Patients told us that staff attended to them promptly and that staff came as quickly as they could when they called them. The patients said that staff were pleasant and attentive to them. One patient told us:

"If you need help staff are always there."

We provided questionnaires to gain the views of relatives and staff who were not available during the inspection. Unfortunately there were no responses received.

We discussed how staff were recruited and reviewed the recruitment records. The records confirmed that the appropriately check had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

The home provides a range of training for staff relevant to their roles and responsibilities. The manager monitors compliance with training for all staff. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered. The records for checking staff registration with the Northern Ireland Social Care Council (NISCC) did not include the date the annual fee was due. It was agreed that the records in place would be reviewed to include the annual fee date. The system must also be reviewed to ensure that it is effective in confirming registration at the time of renewal. This was identified as an area for improvement.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how they could report any concerns. As previously discussed due to the recent changes in management the area for improvement made as a result of the previous inspection that the manger attends the recommended level of training and that systems to collate the information required for the annual adult safeguarding position report are put in place have not been addressed. Both the manager and registered person were fully aware of their responsibility with regard to safeguarding and were trying to secure training. It was agreed that, as the changes to management were so recent this area for improvement would be carried for review at the next inspection.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. We observed that some patients had bedrails erected. Each patient had an assessment completed, however the assessment did not clearly identify if bedrails were a suitable intervention. This was identified as an area for improvement.

The use of equipment such as bedrails and alarm mats has the potential to restrict patients' freedom. We were satisfied that this equipment was used in a manner which was the least restrictive possible and in the patient's best interest.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise, the risk of further falls. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. RQIA were also appropriately notified.

The environment throughout Greenpark was clean, warm and comfortable. Management explained that a rolling programme of redecoration and replacement of carpets was ongoing. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices. A number of wheelchairs and walking aids were stored under a stairwell. Following the inspection confirmation was received from the registered provider that advice had been sought from the fire risk assessor and the recommended action taken. It was agreed that the storage of equipment would be kept under review to ensure it does not compromise fire safety. This was identified as an area for improvement. We discussed the environment of the smoke room and asked that advice was sought from the home's fire risk assessor with regard to the suitability of the floor covering and the current furniture. The registered provider informed RQIA that following the advice from the fire risk assessor refurbishment of the smoke room, including replacing the flooring and furniture, would commence 28 October 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to provision and training of staff, assessment of patient safety and risk and the comfort of the environment.

Areas for improvement

The following areas were identified for improvement in relation to the systems in place to check staff registration with their regulatory body, bedrail assessments and the monitoring of the storage of equipment with regard to fire safety.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total numb of areas for improvement | 1 | 2 |

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with patients individually all of whom were happy in the home. Records evidenced that staff arranged visits from healthcare professionals as required, for example GPs, podiatry, opticians and dentists as needed. If patients were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patients routine for that day.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. We reviewed the management of nutrition, patients' weight and wound care.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Whilst assessments to identify the level of risk were completed not all patients had a care plan in place to direct the care required; this was identified as an area for improvement. Records were maintained to evidence that the patients were assisted by staff to change their position regularly.

We reviewed how patients' needs in relation to wound prevention and wound care were met. Records confirmed that wound care was in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example tissue viability nurse (TVN).

Patients' nutritional needs were identified through assessment however some patients assessed as at risk of malnutrition did not have a care plan in place to identify the specific support required. This was identified as an area for improvement. Patients' weights were kept under review and checked a minimum of monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patient's care records.

We reviewed the prevention and management of falls. Care records evidenced that a post falls review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice as required.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We observed the serving of lunch. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The meals served looked and smelt appetising. Staff were present throughout the mealtimes to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal. Patients told us the food was good and that there was always choice and plenty to eat. We spoke with the chef and three kitchen assistants; they were all happy with the support they received from management with regard to the catering and were satisfied that there was a good variety of meals provided.

Staff worked well as a team and reported that there were good relations between differing roles within the team.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients’ needs and the delivery of care. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients required.

Areas for improvement

Areas for improvement were identified with regard to care planning.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 2 |

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:45 hours and were met immediately by staff who offered us assistance. We walked round the home mid-morning; the majority of patients choose to spend their day in the lounge areas of the home. A selection of armchairs were available in the lounges alongside space for patients who sat in their own specialised seating. Each patient had a comfortable chair and a table within easy reach to hold everyday things that they need such as newspapers, books , tissues, drinks and sweets. The atmosphere in the home was relaxed and quiet.

Patients told us that they were supported to make daily choices, for example, where to spend their day, have their meals and what time they liked to go to bed. They told us:

“The staff are so good and the food is excellent.”
 “If you need help, staff are there.”

Staff told us about the range of activities available and how the activity co-ordinators worked to make sure that each patient enjoys meaningful pastimes, crafts and religious services. On the morning of the inspection the patients enjoyed a musical morning with a sing a long for those who wanted to join in. The music was provided by a gentleman who brings his guitar and visits the home regularly. Patients said that they enjoyed the activities on offer.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“Thank you so very much for the amazing care that you gave to ... in the last few months of her life.”

“Just a little note to say thank you most sincerely for the caring manner in which you looked after ... during her short stay with you.”

“We would like to thank each and everyone one of you for the love and care you gave to my father ... We will always be grateful for everything you done.”

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, patient choice and the daily routine and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

As previously discussed a new registered person and new manager have been in place since August 2019. Both were knowledgeable regarding their responsibility with regard to regulation. The registered person is available in the home daily to support the manager in her role. The manager has worked in the home as a registered nurse for a considerable time prior to undertaking the role of manager. They were knowledgeable of the patients' needs and described the staff team as being committed and reliable with a focus on individual patient care. Staff in the home said that the manager was approachable and that they got good support from them.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included wound care, medications, care records and accidents and incidents. We discussed the importance of ensuring that any areas identified that require action are re-audited to ensure the necessary improvements are made.

The registered provider is required to check the quality of the services provided and complete a report. This was done through a monthly unannounced visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home. The registered provider also explained that, since taking up their role, they have undertaken an appraisal of the environment and have plans for refurbishment work and work to upgrade the interior of the home.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

Examples of compliments received have been provided in section 6.5 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

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, registered provider, 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

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of the inspection</p> | <p>The registered person shall ensure that the storage of equipment is kept under review to ensure it does not compromise fire safety.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: As per email from Damien to Sharon McKnight on 25.10.19 I can confirm:</p> <p>1. Our Fire Consultant has no issue with the storage of wheelchairs under the stairwell provided a clear access route to the fire escape door is maintained. We will cordon off this area to ensure that clear access is maintained at all times.</p> <p>2. Smoke Room - We will be redecorating and flooring this room next week. We will be replacing existing seating. New seating will have fire retardant certification - Same completed.</p> |

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

| | |
|--|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 35.11</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</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>Ref: 6.1</p> |
|--|--|

Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

| | |
|--|--|
| <p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2019</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>Ref: 6.3</p> |
|--|--|

Response by registered person detailing the actions taken:
2. Completed with exception of two staff members, action taken regarding same.

| | |
|--|--|
| <p>Area for improvement 3</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2019</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>Ref 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All residents who have bedrails have been reassessed to ensure that this is suitable intervention. Audits will be carried out.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2019</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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All Sisters and Staff Nurses informed to review residents care plans and to ensure all of the above information is included in individual care plans.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 5 November 2019</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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All Sisters and Staff Nurses informed to review care plans and add in if residents need to be fed. Weekly weights to be checked if residents are on supplements. If any issues or concerns regarding resident's weight Dietician and GP to be contacted.</p> |

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



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