



The Regulation and
Quality Improvement
Authority

Greenpark
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15 Keady Road
Armagh
BT60 4DH

Inspector: Donna Rogan
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**Unannounced Care Inspection
of
Greenpark Nursing and Residential Home**

21 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 21 March 2016 from 10.00 to 15.00.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern.

For the purposes of this report, the term 'patients' will be used, to describe those living in Greenpark Nursing and Residential Home which provides both nursing, residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 10 December 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Urgent actions or enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	*3	1

*Of the total number of requirements, one requirement is stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Mary Catherine Powell, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Edward Maguire	Registered Manager: Mary Catherine Powell
Person in Charge of the Home at the Time of Inspection: Mary Catherine Powell	Date Manager Registered: 26 November 2015
Categories of Care: NH-LD(E), RC-LD(E), RC-MP(E), NH-PH, NH-PH(E), NH-MP, NH-MP(E), NH-DE, NH-I, RC-I	Number of Registered Places: 62
Number of Patients Accommodated on Day of Inspection: Total 51 7 Residential 1 Physical disability 8 Dementia 34 Frail elderly 1 Learning disability	Weekly Tariff at Time of Inspection: £476 to £593

3. Inspection Focus

The inspection sought to determine if the following standard had been met:

- **Standard 23: Prevention of Pressure Damage**

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately twelve patients, four care staff, two nursing staff, ancillary staff and one patient's representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- complaints records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the Greenpark nursing and residential home was an unannounced care inspection dated 10 December 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection dated 10 December 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 12 (1) (b) Stated: First time	The registered persons shall ensure that the overall management of patients with a Do Not Attempt Resuscitation (DNAR) in place is reviewed and maintained in keeping with Resuscitation Council (UK) Guidelines 2015.	Partially Met
	Action taken as confirmed during the inspection: Three care records of patients with a DNAR in place were reviewed. Two were up to date and regularly reviewed. One required to be updated. The registered manager agreed to do this as a priority. This requirement is stated for a second time.	
Requirement 2 Ref: Regulation 15 (2) Stated: First time	The registered persons shall ensure that pain assessments are completed on patients displaying symptoms of pain.	Met
	Action taken as confirmed during the inspection: A review of three care records evidenced that pain assessments are completed on patients displaying symptoms of pain.	
Requirement 3 Ref: Regulation 27 Stated: First time	The registered persons shall ensure that the refurbishment plan is implemented within the set timescales as forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that the refurbishment plan is being implemented in a timely way. Discussion with the manager evidenced that this is ongoing.	

<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Second time</p>	<p>The registered persons shall ensure there are four registered nurses on duty from the hours of 08.00 and 14.00. Staffing should be regularly reviewed in keeping with patient/resident's needs.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the duty rotas evidenced that there were four registered nurses on duty from the hours of 08.00 and 14.00. Confirmation was received from nursing staff that this level is generally maintained and that the nursing needs of patients are currently being met.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that body maps are kept up to date to ensure the information documented is the most up to date. The identified care plan should be updated to ensure it contains sufficient detail to meet the needs of the patient.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of three patients care records evidenced that the body maps currently in place are the most up to date. The identified care record was updated following the previous inspection.</p>	<p>Met</p>
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 19</p> <p>Stated: First time</p>	<p>The registered persons should ensure that a policy regarding communication and the breaking of bad news is introduced and shared with all staff.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the policy in relation to communication evidenced that it had been updated and shared with staff. However a further recommendation is made that policies and procedures should be signed and dated as endorsed by the registered persons.</p>	<p>Partially met</p>

<p>Recommendation 2</p> <p>Ref: Standard 19</p> <p>Stated: First time</p>	<p>The registered persons should ensure that training in communication and breaking of bad news and palliative care is cascaded to all relevant staff and a formal record maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Training in communication and breaking of bad news has been attended by staff on 24 February 2016. It has been cascaded to staff.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered persons should consider the comments made by patients and their representatives and where possible make arrangements to have them addressed. Records should be retained for inspection of the efforts made to ensure the issues raised are satisfactorily addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: Following the previous inspection the registered manager considered the comments made by patients and their representatives. A record is maintained of the actions taken.</p>	<p>Met</p>

5.3 Standard 23 Prevention of Pressure Damage

A review of three patient care records confirmed that pressure damage risk assessments had been completed. There was evidence of individualised care plans for patients who were identified as having a high risk for pressure damage. A review of two care records of patients who had pressure ulcers confirmed that risk assessments and care plans were completed. Wound assessments were regularly completed and there was evidence of tissue viability nurse involvement, as deemed appropriate. Discussion with the manager and the review of care records confirmed that all Grade 2 pressure sores were reported to the Health and Social Care Trusts, in line with guidance and protocols.

5.4 Additional Areas Examined

Care Records

A review of four care records identified that risk assessments and care plans had been updated following admission. All registered nurses spoken with stated that they were allocated specific time to ensure their care records were updated in a timely way. With the exception of one care record which was required to be updated regarding a DNAR order, those reviewed were observed to be reflective of care needs as discussed with the registered manager and staff, as previously discussed in section 5.2.

Staffing

The review of duty rotas for nursing and care staff confirmed that staffing levels were in keeping with the planned staffing levels as discussed. Discussion with staff and manager confirmed that short notice absences were being managed in keeping with the home's protocol. The registered manager confirmed that there is sufficient staff on duty to meet the needs of patients in the home.

Regulation 29 reports

The regulation 29 monitoring reports were reviewed were found to be carried out in accordance with legislative requirements. However the record of the visits is required to be more detailed to reflect the quality of services viewed. The visit in February 2016 included details of an extensive medication audit conducted by the designated person. However the information did not evidence discussion with staff, patients or details of other records reviewed. The inspector spoke with Edith King, who conducts the monitoring visits on behalf of the registered person, by telephone following the inspection. It was agreed to ensure the records of the monitoring visits are maintained in accordance with Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005. Completed audits should be recorded separately to the Regulation 29 monitoring report. A requirement is made in this regard.

Environment

A general tour of the home was undertaken which included review of a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy and decorated and the home was warm throughout. The following areas are required to be addressed:

- ensure patients property is appropriately displayed and stored
- thoroughly clean the hairdressing room and ensure it is maintained in keeping with good infection control practices
- ensure commodes and urinals are appropriately cleaned after use
- ensure hoists are maintained clean at all times.

Staff, patients and patients' representative comments

All comments made during the inspection were positive. Some comments made are detailed below:

Staff

All of the staff on duty at the time of inspection were spoken with.

- "We are content and happy in our work."
- "I think the care is good here."
- "I have been here a long time it is a good place to work."
- "We are all like one big family."

Patients

Approximately twelve patients were spoken with. There were no concerns raised during this inspection.

- “We are well looked after.”
- “The food is good we get too much at times, it is great.”
- “Staff are very kind and considerate, they could not do anything more for us.”
- “I feel safe and content here.”
- “I would recommend here to the bishop himself.”

Patients’ representatives

One relative visiting at the time of the inspection raised no concerns and were very satisfied that their relative was being well cared for.

Areas for Improvement

There were three requirements made. One in relation to the recording of Regulation 29 monitoring reports, one in relation to the environment and one was in relation to a DNAR order.

Number of Requirements:	2	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mary Catherine Powell, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 12 (1) (b)

Stated: Second time

To be Completed by:
30 April 2016

The registered persons shall ensure that the overall management of patients with a Do Not Attempt Resuscitation (DNAR) in place is reviewed and maintained in keeping with Resuscitation Council (UK) Guidelines 2015.

Ref: Section 5.2, Previous requirements

Response by Registered Person(s) Detailing the Actions Taken:
DNAR status was reviewed with relevant GP surgeries. Guidance and advice taken and recorded in appropriate residents care files.

Requirement 2

Ref: Regulation 27

Stated: First time

To be Completed by:
30 April 2016

The registered persons shall ensure that the following issues are addressed in relation to the environment:

- ensure patients property is appropriately displayed and stored
- thoroughly clean the hairdressing room and ensure it is maintained in keeping with good infection control practices
- ensure commodes and urinals are appropriately cleaned after use
- ensure hoists are maintained clean at all times.

Ref: Section 5.5

Response by Registered Person(s) Detailing the Actions Taken:
New storage was purchased for residents property and personal items were displayed.

The home owner has agreed to make the hairdressing room specific for purpose, domestic staff have been advised that the room is to be thoroughly cleaned in keeping with infection control policies.

All infection control practices have been reviewed, new decontamination records have been introduced and will be audited regularly. Staff all advised during staff meeting regarding infection control practices.

Requirement 3 Ref: Regulation 29 Stated: First time To be Completed by: 30 April 2016	The registered persons shall ensure that the records of the monitoring visits are maintained in accordance with Regulation 29 of The Nursing Home Regulations (Northern Ireland) 2005. The registered persons shall also ensure that audits completed should be recorded separately to the Regulation 29 monitoring report. Ref: Section 5.5		
	Response by Registered Person(s) Detailing the Actions Taken: Telephone correspondence with Donna Rogan and Edith King confirmed that more detail reflective of the quality of services viewed will be contained in all further Regulation 29 visits. All audits are recorded and stored separately.		
Recommendations			
Recommendation 1 Ref: Standard 19 Stated: First time To be Completed by: 30 April 2016	The registered persons should ensure that policies and procedures are signed and dated as endorsed by the registered persons.		
	Response by Registered Person(s) Detailing the Actions Taken: All policies and procedures are currently being reviewed in line with DHSS care standards and will be signed, dated and endorsed by the registered persons.		
Registered Manager Completing QIP	Mary Catherine Powell	Date Completed	25.04.16
Registered Person Approving QIP	Edward Maguire	Date Approved	25.04.16
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	04.05.16

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address