



Unannounced Care Inspection Report 23 October 2018



Greenpark

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 62 persons. The home currently provided residential care for two named patients.

3.0 Service details

Organisation/Registered Provider: Mr Edward Maguire	Registered Manager: Mary Catherine Powell
Person in charge at the time of inspection: Mary Catherine Powell	Date manager registered: 10 June 2016
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	Number of registered places: 62 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).

4.0 Inspection summary

An unannounced inspection took place on 23 October 2018 from 10:00 to 15:45.

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.

The term 'patient' is used to describe those living in Greenpark which provides nursing care. The home also currently provides residential care for two named patients

The inspection assessed progress with any areas for improvement identified during and 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 in relation to staffing, the management of accidents and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need and care planning, the management of nutrition and effective team work. We observed good practice in the provision of activities, the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Good practice was evident in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

No areas requiring improvement were identified as a result of this inspection. One area for improvement made as a result of the previous care inspection was not fully reviewed and is carried forward for review at the next inspection.

Patients said they were happy living in the home. Those patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	0	*1

*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 Mary Catherine Powell, registered manager and responsible individual Edward Maguire, 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 10 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 10 July 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.

There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with seven patients individually and with others in small groups, one patient's relative, one visiting healthcare professional and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed on the entrance door to the home.

The following records were examined during the inspection:

- duty rota for the period 22 – 28 October 2018
- 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
- one staff recruitment and induction file
- three patient care records
- a sample of environmental audits
- RQIA registration certificate.

Areas for improvement identified at the last care 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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 10 July 2018

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 21(1)(b) Schedule 2 Stated: First time	The registered person shall ensure that before making an offer of employment they have obtained: <ul style="list-style-type: none"> • A reference from the candidates' present or most recent employer (if any) • of the registration status of nurses with the NMC 	Met
	Action taken as confirmed during the inspection: A review of one recruitment file evidenced that references had been sought appropriately. There have been no registered nurses recruited since the previous inspection. The registered manager and administrator confirmed that systems were in place to ensure that the registration status of nurses is checked as part of the recruitment process. This area for improvement has been met.	
Area for improvement 2 Ref: Regulation 13(7) Stated: First time	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff. The issues identified in section 6.4. must be addressed and improvements sustained.	Met
	Action taken as confirmed during the inspection: A review of the home's environment evidenced that sluice rooms were clean and tidy with no inappropriate storage noted, clinical waste bins were clean, sharpes boxes were maintained appropriately and the cracked and damaged surfaces in the identified shower rooms had been repaired. This area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27(1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all parts of the nursing home are kept clean and reasonably decorated.</p> <p>The cleanliness issue identified in section 6.4 must be address and improvements sustained.</p> <p>Action taken as confirmed during the inspection: A review of the home’s environment evidenced that the dining rooms and lounges were tidy, the stains on the walls below the hand sanitiser units had been removed and coverings were in place to prevent further staining, the hairdressing room and wheelchairs were clean with cleaning schedules in place to ensure they are maintained clean. This area for improvement has been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the systems in place to monitor the registration status of nurses with the NMC are effective in confirming registration at the time of renewal.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 2</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: Records evidenced that safeguarding training for the registered manager has been booked for 27 October 2018. The registered manager explained that when they have completed this training they plan to review their internal recording systems to ensure that the information required for the annual adult</p>	<p>Carried forward to the next care inspection</p>

	safeguarding position report is being recorded. This area for improvement is carried forward to the next care inspection when full compliance will be reviewed.	
Area for improvement 3 Ref: Standard 46.2 Stated: First time	The registered person shall review the provision of PPE dispensers and provide additional dispensers where necessary.	Met
	Action taken as confirmed during the inspection: We observed that additional dispensers for personal protective equipment had been erected and were available throughout the home as required. This area for improvement has been met.	
Area for improvement 4 Ref: Standard 44.1 Stated: First time	The registered person shall ensure that the cleaning schedules for the home are reviewed to ensure that all areas are included.	Met
	Action taken as confirmed during the inspection: A review of cleaning scheduled evidenced that all areas of the home were included. This area for improvement has been met.	
Area for improvement 5 Ref: Standard 35.6 Stated: First time	The registered person shall ensure that the registered manager implements a robust programme of audit of infection prevention and control practices and the cleanliness of environment.	Met
	An action plan must be put in place to address any shortfalls and the areas re-audited to ensure the necessary improvements are made.	
	Action taken as confirmed during the inspection: A review of audit records evidenced that the registered manager has implemented a programme of audits to be completed monthly and 4-5 monthly. The audit records included an action plan of improvement work required and a timescale for re-audit to ensure that the necessary improvements are made. This area for improvement has been met.	

Area for improvement 6 Ref: Standard 44.1 Stated: First time	The registered person shall implement a refurbishment plan for the shower rooms and toilets throughout the home.	Met
	Action taken as confirmed during the inspection: A refurbishment plan for the shower rooms and toilets throughout the home has commenced. Shower rooms have been retiled and painted. The registered manager confirmed that at the time of the inspection they were waiting for new flooring to be delivered. This area for improvement has been met. Further refurbishment work is planned; this is discussed further in section 6.4.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from week commencing 22 October evidenced that the planned staffing levels were adhered to. Staff confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

We spoke with one patient's relative; no issues were raised with regard to staffing. Questionnaires were provided for patients and relatives; four patient and nine relative questionnaires were received. Patients and relatives replied that they were very satisfied with the staffing arrangements. The following two additional comments were provided;
"Sometimes need more staff, very busy but excellent care."
"The staff are great and work hard."

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

The registered manager explained the increasing difficulty with recruiting registered nurses. We discussed the use of staff supplied by an employment agency. The manager confirmed at present, due to nursing vacancies, there are agency nurses on a number of shifts throughout the week. The registered manager confirmed that they attempted to secure the same nurses to support continuity of care. We discussed the systems in place to ensure patients' care needs were communicated to agency nurses. The manager explained that a handover report sheet was in place in each unit. This provided an easy reference report of the key areas of care. We spoke with a registered nurse from an agency who confirmed that they had received an induction to the home at the commencement of their shift and that the induction was meaningful and useful. Records are maintained to evidence the induction process.

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. As previously discussed the home has recently undergone some refurbishment to the shower rooms and hairdressing room. The registered manager explained that further refurbishment is planned.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of accidents and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that a comprehensive, holistic assessment of patients' nursing needs and a range of risk assessments were commenced at the time of admission to the home. Care plans were in place to direct the care required and reflected the assessed needs of the patient. Care records contained details of the specific care requirements and a daily record was maintained to evidence the delivery of care. Interventions prescribed were individualised and care records were reviewed regularly.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition and weights for two patients. A nutritional risk assessment was completed monthly; care plans for nutritional management were in place. Food and fluid intake charts were maintained for both patients.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

A review of accidents/incidents records evidenced that patients were appropriately monitored following falls and that medical advice was required.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need and care planning, the management of nutrition and falls and effective team work.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 10:05 and were greeted by staff who were helpful and attentive. Patients were relaxing in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed throughout the home evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. There were two staff employed to provide activities; we spoke with both at length regarding the activities provided. Activities are planned on a monthly basis and the programme is displayed throughout the home for patients, relatives and visitors. The activity co-ordinators explained that activities are delivered on both a group and individual basis. Group activities included movie afternoons, social games, crafts and seasonal activities. One to one

activities are delivered to those patients who are nursed in bed for long periods or for those patients who require assistance to go out independently, for example shopping.

As well as the activities organised by the home there are also a number of activities provided from external sources. For example once every six weeks a dementia friendly barber visits the home and engages with men over coffee, some music and of course a haircut or shave. Similarly a hairdresser visits the home weekly. The activity co-ordinators explained that they have recently secured the services of a beautician to visit the home six weekly to offer beauty therapies to the patients.

The activity co-ordinators explained that the home also strives to provide activities which creates opportunities for intergenerational working. The home has good links with a local scout group and with the local primary and secondary schools. Children from these organisations visit the home and participate in joint activities. Photographs were displayed in the home of the sports day that took place in the summer. Patients and children participated in games together, as their abilities allowed; from the photographs it was obvious that the afternoon had been enjoyed by all those involved.

Patients are also supported by staff to attend activities away from the home. For example once a week the local golf club hold a dementia friendly café; staff accompany the patients to this and enjoy refreshments whilst reminiscing. "Fit for you" a health initiative held in the local leisure centre is also attended by patients.

We discussed how the patients are supported with their spiritual needs. The activity co-ordinator explained that the local ministers from the various denominations visit the home and hold services regularly. The night following the inspection there was an interdenominational harvest service arranged for patients and their families. Staff had created displays of fruit and vegetables for the event; these were commended by the inspector.

We discussed with the activity co-ordinators how they identify patients' interests. They explained that following admission to the home one of the co-ordinators meet with the patient and/or their families and completes a documents entitled "Me, myself and I." This provides an opportunity to discuss what the patients enjoyed doing, their interests and some insight into their former lives. The activity co-ordinators use this information when planning activities and to know when to encourage the patients to take part in an activity which will include their past interests. Individual records are maintained of which patient takes part in which activity, their level of participation and whether then enjoyed the activity.

Following discussion with both activity co-ordinators and a review of the activity plan we conclude that meaningful activities were provided by well motivated, enthusiastic staff. Patients spoken with were well informed about the planned activities and spoke positively of the co-ordinators, the support they provide and the range of activities provided.

We spoke with ten patients individually, and with others in smaller groups. All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

"First class, you couldn't beat it here..."

"The nurses are brilliant."

"The home is lovely, they're awful good."

We spoke with the relative of one patient who commented positively regarding the care their loved one was receiving.

As previously discussed questionnaires were also provided for patients and relatives; four patient and nine relative completed questionnaires were received. Patients and relatives replied that they were very satisfied with the care delivered across the four domains.

Any comments from patients, patient representatives and staff in returned questionnaires received after this report is issued will be shared with the registered manager for their information and action as required.

We spoke with one visiting healthcare professional who informed us that there was a consistent approach to care in the home and that staff were knowledgeable regarding patients' needs. They were satisfied that any issues or concerns were reported to the appropriate healthcare trust in a timely manner. They explained that during reviews comments from relatives and patients were generally positive.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in the management arrangements. The registered manager continues to be supported daily by the responsible individual. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns enabled them to have contact with her as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Mary Catherine Powell, registered manager and responsible person Edward Maguire 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 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: 20 November 2018</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: 6.2</p>
	<p>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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