

Inspection Report

28 February 2023



Greenpark Private Nursing Home

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

<p>Organisation/Registered Provider: Mr Damien Gribben</p> <p>Registered Person Mr Damien Gribben</p>	<p>Registered Manager: Mrs Emma Garrigan- not registered</p>
<p>Person in charge at the time of inspection: Emma Garrigan Damien Gribben (for feedback)</p>	<p>Number of registered places: 62</p> <p>This number comprises:</p> <ul style="list-style-type: none"> • a maximum of eight patients in category NH-DE, • a maximum of four patients in category NH-MP/MP(E), • a maximum of two patients in category NH-PH/PH (E), • a maximum of one patient in category NH-LD(E) • a maximum of four named residents receiving residential care in category RC-I, and • one named resident receiving residential care in category RC-LD(E).
<p>Categories of care: Nursing Home (NH) DE – Dementia. LD(E) – Learning disability – over 65 years. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. 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: 43</p>
<p>Brief description of the accommodation/how the service operates: 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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 28 February 2023 from 09:45am to 04:20pm by a care inspector.

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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Patients had choice in where they spent their day either in their own bedroom or in one of the communal rooms.

It was evident that staff promoted the dignity and well-being of patients through respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs.

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.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients told us they were happy with the service provided. Comments included; “the staff are the best, it’s a lovely place here” and “the food is first class”. Patients were positive about the cleanliness of the home and the care provided. Patients spoke warmly about their relationship with staff, the provision of meals and the atmosphere in the home.

Staff said they were happy working in the home and they felt well supported by the manager. Staff spoke in positive terms about the provision of care, their roles and training.

Comments made by patients, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaires following the inspection.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 14 June 2022		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time (5 April 2022)	The Registered Person shall ensure that food and fluid charts are fully completed to reflect the patients’ actual daily intake.	Partially met
	Action taken as confirmed during the inspection: Review of records evidenced that food charts were being completed but there were inconsistencies in the recording of patients’ fluid intake.	
	This area for improvement is stated for a second time.	

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited properly to protect patients.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC).

It was noted that the tracker used for registration of care workers with the Northern Ireland Social Care Council (NISCC) did not include the name of one recently employed member of staff. Further discussion with the management team evidenced that while all staff were either appropriately registered or were in the process of registering, this shortfall in the system meant that there was a potential for issues with staffs' registration to go undetected. An area for improvement was identified in relation to further tightening the system for the monitoring of staffs' registration with a professional body.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others. Discussion with the manager evidenced that they had oversight of this and confirmation of the training matrix in place was submitted after the inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, the duty rota did not identify the person in charge when the manager was not on duty and did not, on all occasions, reflect the first and surnames of staff working. This was discussed with the manager and identified as an area for improvement.

Any member of staff who has responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place.

Staff were observed to respond to patients requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a "handover" at the beginning of each shift to discuss any changes in the needs of the patients.

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.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments were developed in a timely manner to direct staff on how to meet the patients' needs.

Where a patient is assessed as being at risk of falls, review of records and discussion with staff evidenced that measures to reduce this risk had been put in place.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Care plans reflected the patients' needs regarding the use of pressure relieving mattresses.

Patients who were less able to mobilise were assisted by staff to change their position. Records were maintained of when the patient was assisted to reposition however the recommended frequency was not recorded. This was discussed with the manager and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff ensured patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients commented positively about the quality of meals provided and the choice of meals. Review of records evidenced that food charts were being completed but there were inconsistencies in the recording of patients' fluid intake. This area for improvement was previously stated and is now stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic. Patients said that they were satisfied that the home was kept clean and tidy.

There were no actions required from the last fire risk assessment conducted on 27 May 2022. Fire extinguishers were easily accessible.

Thickening agent was observed on a table in a bedroom. Details were discussed during feedback in relation to the management of potential risks to residents. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

Observations confirmed that staff had been trained in infection prevention and control (IPC) measures and practices. For example, staff were observed to carry out hand hygiene at appropriate times and to use masks, aprons and gloves (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

The atmosphere in the home was relaxed and homely with patients seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Staff were observed attending to patients' needs in a timely manner and maintaining their dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Hairdressing was regularly available for patients. Patients said that activities were provided which involved both group and one to one sessions. Birthdays and holidays were also celebrated within the home.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last care inspection. Mrs Emma Garrigan has been the manager since 9 December 2022.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly.

There was evidence of auditing and monitoring across various aspects of care and services provided by the home, such as environmental audits, restrictive practices, wound care and falls. It was not clear from the records reviewed who had responsibility to make improvement where deficits were noted in the audit and if actions had been addressed. This was discussed with the manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the responsible individual (RI) to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by patients, their representatives, the Trust and RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	3	3*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 20 (c) (ii) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that there is a robust system in place for monitoring staffs' registration with the Northern Ireland Social Care Council (NISCC) and that this system captures all relevant staff working in the home. Ref: 5.2.1
	Response by registered person detailing the actions taken: A robust system reloked at regarding a system to highlight when someone is coming to the time that they need to re register or when their 6 month grace period is coming to an end and the need for registration. Document sent
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: First time To be completed by: With immediate effect	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. This is in relation to the safe storage of thickening agents. Ref: 5.2.3
	Response by registered person detailing the actions taken: Signage placed in nursing stations and staff areas to remind staff that no thickening agents to be left in communal areas where residents reside or residents bedrooms. This message also passed through at staff meetings.
Area for improvement 3 Ref: Regulation 17 (1) Stated: Firsttime To be completed by: 30 April 2023	The registered person shall ensure that deficits identified by the Homes audit processes are included in an action plan that clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. The manager should also evidence that they are monitoring this process. Ref: 5.2.5
	Response by registered person detailing the actions taken: New documentation drafted to highlight audit findings and audit actions, that allow staff a time frame to action any findings within the audit..
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	

<p>Area for improvement 1</p> <p>Ref:Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: (5 April 2022)</p>	<p>The Registered Person shall ensure that food and fluid charts are fully completed to reflect the patients' actual daily intake.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All fluid balances on goldcrest and a designated member of care staff highlighted on the allocation sheet for the day is responsible for making sure that residents that are on fluids balances are completed and totals passed on to the nurse on the shift for that day.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the duty rota includes the first name and surname of all staff members and identifies the person in charge when the manager is not on duty.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Off duty has been amended with staffs full names, the nurse in charge has also been highlighted. Documentation sent through to highlight same.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning that the recommended frequency is recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All residents that require repositioning recommendations are highlighted on Goldcrest. Residents that are on repositioning chart will be communicated to care staff at the beginning of a shift. Documentation used from Goldcrest and communicated to all staff through staff meetings.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care