

Announced Premises Inspection Report 10 May 2016



GREENPARK

Address: 15 Keady Road, Armagh, BT60 4DH

Tel No: 028 3752 7445

Inspector: Raymond Sayers

1.0 Summary

An announced premises inspection of Greenpark Nursing Home took place on 10 May 2016 from 10.00 to 13.00hrs.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified for attention by the registered person. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Some issues were however identified for attention by the registered person. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015:

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 2 |

Details of the QIP within this report were discussed with Mr Edward Maguire, Registered Responsible Person, 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.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service Details

| | |
|---|---|
| Registered organisation/registered person: Mr Edward Maguire | Registered manager: Miss Mary Powell |
| Person in charge of the home at the time of inspection: Miss Mary Powell | Date manager registered: Registration Pending |
| 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 |

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with two patients, Registered Manager, Kitchen & laundry staff.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the previous inspection dated 21 March 2016

The previous inspection of the home was an unannounced care inspection IN022074 dated 21 March 2016. The completed QIP was returned, and approved by the care inspector on 4 May 2016.

4.2 Review of requirements and recommendations from the last premises inspection dated 25 April 2014

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 27 (2)(b) Stated: First time | Remove existing sealant and apply new sealant to vinyl/tiled floor junction in second floor shower-room. | Met |
| | Action taken as confirmed during the inspection: Repairs implemented. | |
| Requirement 2 Ref: Regulation 14 (2)(a)(b) & (c) Stated: First time | Submit a copy of the emergency generator maintenance engineer service certificate to the RQIA Estates inspector. | Met |
| | Action taken as confirmed during the inspection: Details submitted. | |
| Requirement 3 Ref: Regulation 14 (2)(a)(b) & (c) Stated: First time | Forward to the RQIA estates inspector, a copy of the legionella risk assessment and associated certificate for chlorination of the hot and cold water distribution and storage systems. | Met |
| | Action taken as confirmed during the inspection: Implemented. | |
| Requirement 4 Ref: Regulation 14 (2)(a)(b) & (c) Stated: First time | Verify that the BS7671 Periodic Inspection Report for the electrical installation is currently valid and that the system is compliant with the Electricity at Work regulations. | Met |
| | Action taken as confirmed during the inspection: Verified. | |
| Requirement 5 Ref: Regulation 27(4)(d)(v) Stated: First time | Remove combustible materials from adjacent electrical distribution boards. | Met |
| | Action taken as confirmed during the inspection: Items removed. | |

| | | |
|---|---|---------------------------------|
| Requirement 6 Ref: Regulation 27 (4)(b)(c)(d)(i) Stated: First time | Plan works action to install self-closer devices on all bedroom doors in compliance with NI Fire & Rescue Service requirements. | Met |
| | Action taken as confirmed during the inspection: Self-closers installed. | |
| Requirement 7 Ref: Regulation 27 (4)(d)(i)(ii) & (iv) Stated: First time | Alter boundaries to BS5839 system zones 4 & 8, to eliminate boundary overlap discrepancy. | Met |
| | Action taken as confirmed during the inspection: Amendments implemented. | |
| Previous Inspection Recommendations | | Validation of Compliance |
| Recommendation 1 Ref: Standard 32.1 Stated: First time | Complete decoration repairs to walls and ceilings after completing a condition survey of all interior decorated surfaces. | Met |
| | Action taken as confirmed during the inspection: Works implemented. | |
| Recommendation 2 Ref: Standard 32.5 Stated: First time | Repair tarmacadam surface to remove “pot-holes” developing in driveway. | Met |
| | Action taken as confirmed during the inspection: Repairs completed. | |
| Recommendation 3 Ref: Standard 36.1 Stated: First time | Verify that the fire safety consultant commissioned to review the facility fire risk assessment has professional or third party accreditation as recommended by RQIA guidance correspondence dated 31 January 2013. | Not Met |
| | Action taken as confirmed during the inspection: Fire risk assessment review completed by registered responsible person. | |

4.3 Is care safe?

A range of building services maintenance documents were presented for review during this estates inspection. This documentation included: risk assessments, inspection and test reports for various elements of the engineering services.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this estates inspection.

A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

This supports the delivery of safe care.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment; the most recent annual review however was not completed by a risk assessor holding professional body registration for fire risk assessors, as recommended by RQIA communication dated 02 April 2015, "Competence of persons carrying out fire risk assessments in regulated residential care and nursing homes".

The registered responsible person stated that he would arrange to have the fire risk assessment reviewed by an accredited fire risk assessor.

A number of issues identified for attention during this estates inspection are detailed in the areas for improvement' section below.

Areas for improvement

1. The fire risk assessment review was not completed by an accredited fire risk assessor.

Refer to Quality Improvement Plan recommendation 1.

2. The fire alarm system panel displayed a fault warning, the registered responsible person stated that the fault would be investigated and repairs completed.

Refer to Quality Improvement Plan recommendation 2.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency break-down repairs. Service users are involved, where appropriate in decisions around the upkeep of the premises.

The registered manager states that an external redecoration works will be completed during the summer months.

This supports the delivery of effective care.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around decoration and the private accommodation where appropriate.

The patients interviewed during the inspection indicate that they were very comfortable and happy with the environmental standards within the care home.

This supports the delivery of compassionate care.

Corridor carpet floor coverings are in good physical condition however the flooring has become faded in some locations; this defect is currently being investigated by the home.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

Premises related policies and documents are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Responsible Person, Mr Edward Maguire, 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.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the 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 by the registered manager. Once fully completed, the QIP will be returned to estates.mailbox@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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| Quality Improvement Plan | |
|---|---|
| Recommendations | |
| Recommendation 1 Ref: Standard 48.1 Stated: Second time To be Completed by: At time of next fire risk assessment review | <p>The registered responsible person should ensure that at the time of next review of the fire risk assessment, the fire risk assessor holds professional body registration or third party body certification for fire risk assessments as recommended in RQIA communication dated 02 April 2015. "Competence of persons carrying out fire risk assessments in residential care and nursing homes".</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire risk assessor has been contacted who holds appropriate accreditation and will ensure fire risk assessment is carried out as required.</p> |
| Recommendation 2 Ref: Standard 48.3 Stated: First time To be Completed by: 05 July 2016 | <p>The registered person should confirm that the fire detection and alarm system fault noted during the premises inspection is investigated and resolved. The system should be functioning in accordance with BS5839.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fault has been investigated and resolved nothing significant detected.</p> |

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



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