

# Inspection Report

**Name of Service:** Greenpark Private Nursing Home

**Provider:** Mr Damien Gribben

**Date of Inspection:** 8 July 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Mr Damien Gribben
<b>Responsible Person:</b>	Mr Damien Gribben
<b>Registered Manager:</b>	Emma Garrigan- not registered
<p><b>Service Profile –</b>  This home is a registered nursing home which provides general nursing care for up to 62 patients over three floors. The home is also registered to care for patients with a learning disability, mental disorder and physical disability.</p> <p>There is a designated dementia unit which provides accommodation for eight patients on the ground floor.</p> <p>There are a range of communal areas throughout the home and patients have access to an enclosed garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 8 July 2025 from 10:00 am to 4:50 pm by care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 5 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Three areas for improvement have been stated again, one area for improvement has been subsumed into regulation to drive the necessary improvement and two areas for improvement will be reviewed at the next pharmacy inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Patients told us they were happy with the care and services provided. Comments made included "the staff are brilliant, they treat me well" and "the food is great, you couldn't beat it".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Questionnaires returned from patients indicated that they were very happy with the care provided with comments such as "excellent, staff are very helpful and make me feel safe" and "feel more confident in myself and confident in the staff that help me every day".

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff.

Questionnaires returned from relatives indicated that they were very happy with the care provided with comments such as “very good, staff are very attentive” and “nothing to complain about”

No staff questionnaires were received within the timescale specified.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role. Some staff told us that they felt that the staffing levels were not adequate. This was discussed with the manager who advised that the staffing levels were currently under review for the home. This will be reviewed at the next inspection.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients’ needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients’ needs.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records reflected the patients' assessed needs however the entries were not time specific. This area for improvement has been stated for a second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place.

A review of a sample of wound care records evidenced that relevant documentation was in place however the care plans did not include what dressings were in use. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Discussion with staff confirmed that patients on a modified diet did not receive a choice at breakfast. An area for improvement was identified.

Observation of the lunchtime meal and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The daily menu displayed did not reflect the meal choices for that day. This was discussed with the manager and an area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Life story work with patients and their families helped to increase staff knowledge of their patients' interests and enabled staff to engage in a more meaningful way with their patients throughout the day. Staff understood that meaningful activity was not isolated to the planned social events or games.

The weekly programme of social events was displayed on the noticeboard advising of future events. Patients' needs were met through a range of individual and group activities such as music, arts and crafts, bingo and hairdressing. During the morning of the inspection, a number of patients were observed enjoying a live music performance.

Patients were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Daily records were kept of how each resident spent their day and the care and support provided by staff. However, patients' records were not stored in a confidential manner and could be accessed by unauthorised persons. This area for improvement was stated for a second time.

Review of a sample of patient care records identified a number of deficits. There were contradictions in regards to the level of assistance required for mobility and care plans for patients on a modified diet lacked detail in regards to the recommended food and fluid advised. This was identified as an area for improvement.

### 3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A number of bedrooms on the third floor were unoccupied and were not in line with the home's Statement of Purpose. Some of the bedrooms were being used as storage rooms and did not have the required bedroom fittings and fixtures in place. This was identified as an area for improvement.

Observation of the environment in the dementia unit, identified concerns regarding the maintenance of patient safety. Food, fluids and toiletries were accessible in a number of bedrooms. This area for improvement was stated for a second time.

Observation of the environment identified that a small number of fire doors were not closing effectively into their frames. This was discussed with the responsible person on the day and assurances were given after the inspection that this had been addressed.

Staff were observed to carry out hand hygiene at appropriate times, however some staff were observed to have nail polish on, this can impede effective hand hygiene. This area for improvement had been stated for a second time at the care inspection in November 2024. This area for improvement has now been subsumed into a regulation to drive the necessary improvements.

### 3.3.5 Quality of Management Systems

Mrs Emma Garrigan has been the manager since 9 December 2022 but has not yet come forward for registration with RQIA. This was discussed with the manager and registered person at the previous care inspection and guidance had been provided to the registered person on submitting an application. This was identified as an area for improvement.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

There was evidence of auditing across various aspects of care and services provided by the home. In the care plan and environment audits, the action plan in place did not identify the person responsible to make the improvement and the timeframe for completing the improvement. This was identified as an area of improvement.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	8*

\* the total number of areas for improvement includes two regulations and one standard that has been stated for a second time and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Garrigan, registered manager and Mr Damien Gribben, responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (5)  <b>Stated:</b> Second time  <b>To be completed by:</b> 8 July 2025	The registered person shall ensure that patients' confidential records are securely stored.  Ref: 2.0 & 3.3.3  <b>Response by registered person detailing the actions taken:</b> All assurance is now provided that confidentiality of patient records is paramount and that they have been securely stored in a locked area within the home.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time	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.  Ref: 2.0 & 3.3.4

<p><b>To be completed by:</b> 31 July 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> Provision of new external storage has taken place and all items have been removed to ensure that residents are safe from hazards that could be harmful to their safety.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2025</p>	<p>The registered person shall ensure that the premises is only used for the purpose for which it is registered for.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All unoccupied bedrooms are being repainted and the required bedroom fixtures and fittings are being restored to ensure the premises is being used for the purpose for which it is registered for.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2025</p>	<p>The registered person shall ensure that there is an established system in place to assure compliance with best practice in infection prevention and control within the home; this is in relation to the use of nail polish and wearing of gel nails.</p> <p>Ref: 2.0 &amp; 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Monitoring of the wearing nail polish/ gel nails will now occur during the handover process. Non complaint staff will immediately be provided with removal solution and counselling and supervision will be provided.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 8 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2025</p>	<p>The registered person shall ensure that the managers application for registration with RQIA is submitted in full by 31 August 2025.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Home Manager is currently prioritising her NMC revalidation responsibilities and will submit a completed Managers application for registration with the RQIA in full when this has been achieved.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall review the management of medicines for distressed reactions to ensure patient centred care plans are in place and the reason and outcome of administration is consistently recorded.</p> <p>Ref: 2.0</p>

25 April 2024	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b> Ref: Standard 31 Stated: First time To be completed by: 25 April 2024	The registered person shall ensure the controlled drug record book is accurately maintained.  Ref: 2.0  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b> Ref: Standard 23 Stated: Second time To be completed by: 31 August 2025	The registered person shall ensure that where a patient has been assessed as requiring repositioning, entries recorded are time-specific.  Ref: 2.0 & 3.3.2  <b>Response by registered person detailing the actions taken:</b> This area for improvement has been achieved by registered staff consistently monitoring these charts to ensure time specific entries and this will be added to the agenda for each staff meeting moving forward.
<b>Area for improvement 4</b> Ref: Standard 4.8 Stated: First time To be completed by: 31 July 2025	The registered person shall ensure that wound care plans include the recommended dressing to be applied.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> New wound care plan audits have been introduced to monitor same and feed back given back to the responsible registered staff.
<b>Area for improvement 5</b> Ref: Standard 12.13 Stated: First time To be completed by: 8 July 2025	The registered person shall ensure that those patients who require a modified diet are offered a choice of meal at breakfast.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> All residents on modified diets are now offered a breakfast choice in accordance with SALT guidelines and their personal preferences

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 July 2025</p>	<p>The registered person shall ensure that a daily menu is displayed and reflects the correct meal choices.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Catering manager has accepted responsibility for ensuring that the daily menu is displayed correctly.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2025</p>	<p>The registered person shall ensure that patients' care records are accurate, reflective of the individual patient's needs, and free from contradictions.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The enhanced care plan audits process will identify promptly any deficits. These will be corrected to truly reflect the individuals needs.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2025</p>	<p>The registered person shall ensure that, when deficits are identified within care file and environmental audits, the audit action plan clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.</p> <p>Ref: 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Photocopies of the actions required during the audit process will be given to the responsible person with prompt follow up within the given timeframe.</p>

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



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