The Regulation and Quality Improvement Authority

# Inspection Report

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

**Provider:** Mr Damien Gribben

**Date of Inspection:** 2 December 2025

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Mr Damien Gribben |
| **Responsible Person:** | Mr Damien Gribben |
| **Registered Manager:** | Emma Garrigan - not registered |

**Service Profile –**
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.

There is a designated dementia unit, which provides accommodation for eight patients on the ground floor. There are a range of communal areas throughout the home and patients have access to an enclosed garden.

## 2.0 Inspection summary

An unannounced inspection took place on 2 December 2025 from 10:00 am to 4 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 8 July 2025; 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, seven areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again, two areas 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 patients, 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 very good, every one of them is great" and "the food is first class".

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.

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

Following the inspection, no response was received regarding patient/relative questionnaires and 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 systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role. Some staff told us that they were generally satisfied with the staffing levels but felt at times that more consideration should be given to the allocation of staff to ensure a balanced skill mix across the home. Comments received were shared with the manager for her attention.

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 patients' 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 had been stated for a second time at the care inspection in July 2025. This area for improvement has now been subsumed into a regulation to drive the necessary improvements in regards to accurate record keeping.

Review of a sample of care records specific to wound care evidenced conflicting information to direct the assessed care required. Additionally, care plans lacked detail and did not reflect the current regime in place. An area for improvement previously identified under a standard has

now been subsumed into a new area for improvement under a regulation to drive the necessary improvements.

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.

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 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. Throughout the day, staff were seen to engage patients in conversation about things that were of interest or importance to the patients.

The activity programme catered for patients' social, spiritual, recreational, and creative needs. Upcoming events included Christmas crafts, a Christmas fayre and live music.

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. A number of patients told us about a recent shopping trip they had been on and how much they enjoyed it.

### 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 patient spent their day and the care and support provided by staff. Review of a sample of patient care records evidenced that some patients did not have a personal hygiene or mobility care plan in place. This was identified as an area for improvement.

### 3.3.4 Quality and Management of Patients' Environment

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. However, some environmental deficits were noted, some identified chairs, a bumper cover and a cushion in the home were cracked and could not be effectively cleaned. In two identified bedrooms, the flooring was damaged. An area for improvement was identified.

At the last care inspection in July 2025, 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. It was evident that significant work had been progressed to ensure that some of the bedrooms had been returned to their original use but further work is required to ensure that this is achieved. This area for improvement is stated for a second time.

In a number of bedrooms, it was identified that prescribed topical creams were not stored securely. A tin of thickening agent was accessible in the dining room. This was identified as an area for improvement.

It was observed that a store room containing cleaning chemicals was found to be unlocked and accessible to patients; creating a potential risk of harm. Cleaning products were also observed to be unsupervised on a domestic trolley not in keeping with Control of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

### 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. An application had been submitted but has not been completed in full within the required timescale. This area for improvement is stated for the second time.

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.

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 |
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| **Total number of Areas for Improvement** | 5* | 5* |

* the total number of areas for improvement includes two regulations that have 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, Manager and Mr Damien Gribben, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 27 (1)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>31 January 2026 | The registered person shall ensure that the premises is only used for the purpose for which it is registered for.<br><br>Ref: 2.0 & 3.3.4 |
| | **Response by registered person detailing the actions taken**:<br>The registered person will ensure that the premises are only used for the purpose for which they are registered for, any changes to the use of rooms will be reviewed in advance and the regulatory body will be notified of same. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 8 (1)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>31 December 2025 | The registered person shall ensure that the manager's application for registration with RQIA is submitted in full by 31 August 2025.<br><br>Ref: 2.0 & 3.3.5 |
| | **Response by registered person detailing the actions taken**:<br>The managers application has been completed and is awaiting review from the registration team. |
| **Area for improvement 3**<br><br>**Ref:** Regulation 25<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 January 2026 | The registered person shall ensure that staff are trained to create records in line with good practice and legislative requirements; this is specifically in relation to repositioning records.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken**:<br>The registered person shall ensure that the staff are appropriately trained to create and maintain care records in line with good practice and legalisative requirements by the introduction of new documentation that requires staff to input specific times. Staff now to document the time of repositioning on the new document, this will be supported by regular audits, supervision and competency checks to ensure records reflect the care provided |

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| **Area for improvement 4**<br><br>**Ref:** Regulation 12 (1)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 January 2026 | The registered person should evidence that there is robust monitoring and oversight of wound care being delivered to identified patients and that patient care records are reflective of the prescribed care.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken**:<br>The registered person will ensure robust monitoring and oversight of wound care delivered to identified residents through clinical goverance. Residents records will be reviewed to confirm they accurately reflect wound assessments, interventions provided dressing changes, progress and outcomes. Any concerns identified will be addressed through supervision, additional training. |
| **Area for improvement 5**<br><br>**Ref:** Regulation 14 (2) (a) (c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>2 December 2025 | The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken**:<br>The registered person will ensure that all chemicals are securely stored to comply with control of substances hazardous to health (COSHH) In order to ensure residents are protected from hazards to their health, all domestic staff must make usage of the locked storage store whilst attending residents rooms and trolleys must not be left unattended at any times. Additional training and supervision will be provided. |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 18<br><br>**Stated:** First time<br><br>**To be completed by:**<br>25 April 2024 | 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.<br><br>Ref: 2.0 |
| | **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.** |

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| **Area for improvement 2**<br><br>**Ref:** Standard 31<br><br>**Stated:** First time<br><br>**To be completed by:**<br>25 April 2024 | The registered person shall ensure the controlled drug record book is accurately maintained.<br><br>Ref: 2.0 |
| | **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.** |
| **Area for improvement 3**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2025 | The registered person shall ensure care plans to direct nursing care are completed for all patients. This is specifically in relation to personal hygiene and mobility care plans.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>The registered person shall ensure that person centred care plans are completed for all residents to effectively direct nursing care. This will include specific care plans for personal hygiene and mobility, detailing the individuals needs, assessed risks, support required and any equipment that's required. Care plans will be reviewed monthly or updated in line with changes to the residents needs and aduited to ensure they are in place, accurate, and reflective of the care being delivered. |
| **Area for improvement 4**<br><br>**Ref:** Standard 44<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 January 2026 | The registered person shall ensure the environmental deficits identified in this report are addressed.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>The registered person shall ensure that all environmental deficits identified in the report are addressed in a timely manner. The identified chairs and bumpers have been replaced and flooring to be replaced in the identified rooms. Ongoing monitioring will be carried out in line with regularly auditing of the cleaning within the home. regular health and safety checks, maintence checks to identify areas that require improvement. |

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| **Area for improvement 5**<br><br>**Ref:** Standard 30<br><br>**Stated:** First time<br><br>**To be completed by:**<br>2 December 2025 | The registered person shall ensure that medicines are stored safely and securely.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>The registered person will ensure that medicines are stored safely and securely in line with current legislation and best practice.Regular audits and checks will be undertaken to ensure ongoing compliance and to promply address any issues identified. |

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

The Regulation and Quality Improvement Authority

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