Greenpark Nursing Home, OSV-0000344, 8 October 2019

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Greenpark Nursing Home
Name of provider:	Green Park Nursing Home Limited
Address of centre:	Tullinadaly Road, Tuam, Galway
Type of inspection:	Announced
Date of inspection:	08 October 2019
Centre ID:	OSV-0000344
Fieldwork ID:	MON-0022791

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Greenpark Nursing Home is a purpose built nursing home which was rebuilt in 2011, which can accommodate a maximum of 51 residents. It is a mixed gender facility catering for dependent persons aged over 18 years and over, providing long-term residential care, respite, dementia and palliative care needs. Care for persons with learning, physical and psychological needs can also be met within the unit. The centre is a modern two storey over basement structure with 41 single and five twin bedrooms. All bedrooms have en-suite toilet and showers. There are two day rooms, a dining room, multi-purpose room, treatment room, assisted bathroom, six communal toilets, an oratory, hairdressing room and a smoking room.The centre has a large maintained enclosed garden and bedrooms overlook this area. It is situated in the town of Tuam in Co. Galway close to the Cathedral of the Assumption and St. Mary's Church of Ireland Cathedral. The centre is registered to accommodate a maximum of 51 residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 October 2019	09:30hrs to 17:30hrs	Catherine Sweeney	Lead

What residents told us and what inspectors observed

Feedback was received from residents, both verbally over the day of inspection and through nine residents' questionnaires. Feedback was overwhelmingly positive in relation to the residents' relationship with the management and staff in the centre. Resident told the inspector that they felt safe, comfortable and very well looked after. Residents appeared to be comfortable and relaxed in the company of staff.

One resident described how she was able to maintain her independence with the support of the staff and her fellow residents, many of whom she viewed as close friends. The inspector observed groups of residents engaging positively with each other throughout the day.

Residents informed the inspector that their choices were well respected. They explained that they would always speak to the person in charge if they had any issues or problems. They reported that issues were always dealt with in a timely and satisfactory manner.

Many residents commented that they enjoyed their living environment, stating that it was spacious, bright and there was a good variety of places to socialise.
Some residents were observed sitting in various parts of the centre by large windows overlooking the internal gardens. Residents told the inspector that they enjoyed spending time looking out or if weather permitted, sitting out in the internal gardens that were fully accessible to all residents at all times.

Capacity and capability

This was an announced inspection by the Office of the Chief Inspector.

The governance and management of the centre was well organised. The management team worked full-time in the centre and had a good knowledge of the regulations and their responsibilities. The team met each other, residents and staff on a daily basis and were available throughout the day of inspection.

Inspectors reviewed the actions from the previous inspection and found that substantial improvements had been made. For example, residents were facilitated to attend an audiologist, if required. Care plans relating to communication were in place and reviewed regularly. However, the quality of the care plans in general required improvement and this is discussed under Regulation 5, Individual assessment and care plan. This was a restated action from a previous inspection.

There was a clear organisational structure within the centre. The person in

charge was supported by a social care manager, a finance manager, and an assistant director of nursing. The management team were well known to the residents and were all familiar with their assessed needs. The management team told the inspector that the centre promoted a culture of person-centred care. This was seen to be evident in the interaction of the management and staff with the residents and what the residents told the inspector.

There were clear lines of accountability and responsibility. Staff were well supervised and supported in their roles. This was evidenced in a review of staffing records that showed robust staff recruitment, induction and appraisals system in place.

The centre had written policies and procedures which were reviewed and update in accordance with best practice guidelines.

A review of the incident log in the centre found that an incident relating to the unexplained absence of a resident had not been notified to the Chief Inspector as required under Schedule 4(7)(1)(g) of the regulations. This risk had not been identified or addressed in the centres risk register. This issue is discussed further under Regulation 26, Risk management.

The management team showed a commitment to the quality improvement of the designated centre.

Regulation 14: Persons in charge

The person in charge is a suitably qualified nurse with experience in the care of older persons. She had a strong presence in the centre and was well known to the residents and families. The inspector was told by residents and family members that there was a culture of open communication in the centre and that they had a positive relationship with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

A review of the rosters showed that the number and skill mix of staff was appropriate to meet the assessed needs of the residents and the size and layout of the centre. There was at least one staff nurse rostered on every shift. The staff were observed to interact with the residents with kindness and respect. A review of staff files found that Garda Síochána (police) vetting was in place for all staff. The night time staffing levels were found to adequately ensure that safety of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix in the centre. All staff had received up-to -date training in fire safety, infection control, manual handling, dementia care including the management of responsive behaviours. Staff spoken to were knowledgeable about the procedures relating to fire safety. A robust system of recruitment and induction was in place for new staff. Appraisals were completed on all staff. Staff were observed to be well supervised throughout the day of inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and found to contain all the information required in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

A review found that records were kept in line with the requirements of Regulation 21, Schedule 2, 3 and 4. All records requested by the inspector were made available to the inspector in a timely manner.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that an appropriate level of insurance was in place to protect the residents and their property in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management team had a robust system of auditing in place identifying issues and key trends and intervention recommendations. A clear and structured quality management system was in place. This system included a comprehensive auditing system. Issues identified in the audits informed documented corrective actions.These actions were discussed and the action delegated to an appropriate person. A record of staff meetings showed that the agenda for the meetings was informed by non-compliant issues found through the auditing system.

However, improvements were required to ensure compliance with Regulation 23. The actions relating to improvements required in assessment and care plan development are restated from the last inspection. The person in charge must ensure that the Chief Inspector is informed of all incidents outlined in Schedule 4 (7)(1) of the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place which contained the requirements of regulation 24.

Judgment: Compliant

Regulation 3: Statement of purpose

A review of the Statement of purpose found that some improvement was required in relation to the information contained in the document.

A review of the information is required with regards to

- the arrangements made for consultation with, and participation of, the residents in the operation of the designated centre
- the provision and cost of services
- the description of the rooms in the designated centre, including their size and primary function

Judgment: Substantially compliant

Regulation 30: Volunteers

There were volunteers working in the centre. The roles and responsibilities of all volunteers were clearly recorded and Garda Síochána vetting was in place for all volunteers and support workers.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incident log found that an incident involving the unexplained absence of a resident had not been communicated to the Office of the Chief inspector in line with the requirements of Regulation 31, Schedule 4(7)(1)(g).

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found that all verbal and written complaints had been well documented and investigated in line with the complaints policy and procedure of the centre. Learning from the complaints had been identified and the learning was discussed at a weekly quality meeting. The complaints procedure was overseen by a nominated person.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies of the designated centre were reviewed and found to be in compliance with Regulation 4, Schedule 5.

Judgment: Compliant

Quality and safety

Overall, the inspector found the quality and safety of the centre was well managed and resulted in positive outcomes for the residents. However, improvements were required in the documentation of resident's individual assessments and care plans and the risk management systems in the centre. This is a restated action from the last inspection. Improvements were also required in relation to the documentation of fire drills.

The inspector observed person-centred care being delivered to the residents. Staff interaction with each resident was person-centred and respectful. Each resident was encourage to participate in social engagement consistent with their needs and preferences. Visitors were seen to come and go throughout the day of inspection. The centre had communal areas that allowed residents to receive their visitors in private.

Each resident had an individual assessment and care plan documented on an electronic care planning system. However, some gaps were noted in the assessment and care planning documentation. The care plans reviewed by the inspector did not reflect the quality of person-centred care that was observed to be delivered to the residents and the care that the residents and their families told the inspector that they received. This was evidenced by

- social assessments had not been completed
- some care plans were generic and did not contain the information required to deliver person-centred care
- responsive behaviour care plans did not identify person-centred information relation to the triggers that may cause a responsive behaviour, and how a trigger may be avoided or managed with regard to the personal needs of the resident
- risks identified in the incident logs had not informed the resident's care plan

A review of the assessment and care planning documentation was required to ensure that the documentation appropriately guided staff and reflected the quality of care delivered.

The inspector observed the dining experience of the residents on the day of inspection. Menus were available to residents on each dining table. Residents were assisted with their meals in a discreet and respectful manner. Mealtimes were observed to be social and relaxed occasions. There were adequate staff available to attend to the needs of the residents. Choice was offered and residents told the inspector that if they requested an alternative to the choices on offer that the alternative would be facilitated. Meals were observed to be presented in an attractive and appetising manner. The food appeared to be nutritious and wholesome. Residents were positive about the quantity and quality of food in the centre. Fresh drinking water was accessible throughout the centre. Fresh fruit was offered daily as a mid-afternoon snack as a result of a resident-led healthy eating intervention. Residents were observed to have access to fresh fruit throughout the day.

The risk management policy, and the health and safety statement, including the risk

register, was reviewed. Clinical risks were documented on the electronic care documentation system. Some environmental risks had been identified and included in the risk register. Controls were identifies for all risks identified. However, a review of the incidents and accident log found that high-risk incidents had not been identified in the risk register. For example, the risk of unexpected absence of a resident was not identified on the risk register.

Adequate precautions were in place against the risk of fire in the centre. The fire management system and fire fighting equipment were in place and serviced regularly. Staff were knowledgeable about the procedures to be followed in the case of fire. Fire drills were held weekly and included full evacuation of compartments. However, the documentation of these drills and the learning identified from each drill required review. Improvement was required in the documentation of fire drills to ensure that improvement in drill times could be monitored.

Regulation 11: Visits

There was no restrictions on visitors to the centre. Clear guidelines for visitors were outlined in the centres statement of purpose.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had their property documented on the electronic care documentation system. There was adequate wardrobe space in bedrooms to store the resident's clothes and their personal possessions. Residents had access to a locked cabinet.

Judgment: Compliant

Regulation 13: End of life

A policy for end-of-life care was in place. Staff were knowledgeable about the procedures in relation to end-of-life care. Staff spoken described how residents and families are supported in a person-centred and respectful manner. The centre is supported in the delivery of end of life and palliative care by the local hospice team who visit the centre as required.

Judgment: Compliant

Regulation 17: Premises

The designated centre is a two-storey purpose built facility surrounding a large internal courtyard. The centre is clean and well maintained. The layout and design of the premises met residents individual and collective needs. Residents had free access to the internal gardens.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents nutritional status was well managed. Residents were weighed and assessed regularly. Nutritional care plans were communicated with the catering team. Residents feedback was positive in relation to the food provided and the overall dining experience in the centre.

Judgment: Compliant

Regulation 20: Information for residents

Residents had access to a residents guide which contained all the information required under Regulation 20.

Judgment: Compliant

Regulation 26: Risk management

Risks identified in the incident and accident log had not been included in the risk register of the centre. There was no documented controls put in place to manage and monitor these risks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in the documentation of the fire drills to ensure learning is clearly identified and corrective actions put in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The centre had a robust system of medication management in place. Each resident had a locked medicine cabinet located in their bedroom. The nurse had access to a master key to access the medicine. Nursing staff were aware of the policies and procedures relating to the ordering, safe administration, storage and disposal of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required to the documentation of assessments and care plans to ensure that the person-centred approach to care is reflected in the residents care plan. This is a restated action from the last inspection.

Judgment: Not compliant

Regulation 6: Health care

Residents had good access to the general practitioner (doctor) and a team of allied health care professionals including physiotherapy, occupational therapy, speech and language therapy, dietitian, palliative care and psychiatry of later life. Residents had access to an audiologist, as required. Medicines are ordered from the local pharmacy. There was also a facility for residents to retain the service of a pharmacist of their choice, if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had a comprehensive policy in place relating to the management of responsive behaviours. All staff have received training in dementia care and the

management of responsive behaviours.

The management team told the inspector that there is a plan in place to work towards a restraint free environment. A restraint register was in place to monitor and manage the use of restrictive practice within the centre.

Judgment: Compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. All staff members had attended safeguarding training and demonstrated an awareness of the procedures relating to the identification and response to allegations of abuse.

The centre acts as a pension agent for one resident. The inspector reviewed the arrangements for this resident and found that the system was in line with the guidelines set out by the Department of Social Protection. Robust systems were in place to manage residents comfort funds.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were observed to be respected and facilitated in the centre. Staff were observed to ask the resident's consent when attending to their needs. Residents were observed to exercise choice throughout the day of inspection. Residents were supported to engage in activities that aligned with their interests and capabilities.

Residents had access to local and national newspapers, televisions, radios and personal computers. Residents were encouraged and facilitated to maintain connection with the local community. The centre was regularly visited by local musicians.

Residents had access to an advocate who attended the residents monthly meetings.

Voting was facilitated within the centre through the special register.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenpark Nursing Home OSV-0000344

Inspection ID: MON-0022791

Date of inspection: 08/10/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We are now aware of the importance of all notifications to HIQA regardless of how trivial they may seem in some cases. A review of each incident is carried out by Director of Nursing and notifications sent where appropriate. The Nurse in charge at the time of any incident has been given the responsibility to ensure that, as well as writing up the incident, the Director of Nursing is notified in order for this review to take place immediately.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been re-written in line with the regulations and template issued by HIQA.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of	

incidents:
We are now aware of the importance of all notifications to HIQA regardless of how trivial they may seem in some cases. A review of each incident is carried out by Director of Nursing and notifications sent where appropriate. The Nurse in charge at the time of any incident has been given the responsibility to ensure that, as well as writing up the incident, the Director of Nursing is notified in order for this review to take place immediately.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
Incidents are now triangulated into the care plans and risk register. When an incident is identified, staff are now aware of the importance of following through on them and to do a risk assessment after any incident. Implementation of this will be audited through the Quality Management System

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A new template has been developed for the nurse in charge to use during our weekly fire drills. The template includes all the necessary information to ensure compliance of regulation 28.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A comprehensive review of our care planning procedure is now underway. As part of this review, templates for pre-admission assessments are also being reviewed and updated. Any new care planning system will aim to move from a medical to a more social model of care planning. This will incorporate more information about our residents, hence enhancing the quality of care provided.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/10/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	09/10/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	04/11/2019

	that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/10/2019
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	09/10/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's	Not Compliant	Yellow	31/01/2020

	admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Yellow	31/01/2020