



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:	Unannounced
Date of inspection:	28 July 2022
Centre ID:	OSV-0000344
Fieldwork ID:	MON-0036614

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
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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
Thursday 28 July 2022	08:50hrs to 17:20hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what residents told the inspector, and from what the inspector observed, there was evidence that residents in this centre were supported to enjoy a good quality of life by staff who were kind, caring and familiar with their needs. The overall feedback from residents was that it was a good place to live, and that staff provided them with the help and support they needed.

This unannounced inspection took place over one day. There were 48 residents in the centre and three vacancies on the day of the inspection.

The inspector completed a walk around of the designated centre on the morning of the inspection with the person in charge. Residents were observed in the various areas of the centre and the inspector observed a friendly and relaxed atmosphere throughout. A number of residents were in the dining room having their breakfast while other residents were in their bedrooms where staff attended to their personal care needs. The inspector observed other residents mobilising independently throughout the building. Residents were observed to be content as they went about their daily lives. While staff were busy attending to residents throughout the centre, care delivery was observed to be person-centred and unhurried. There was a comfortable atmosphere and polite conversations were overheard between residents and staff. The inspector observed that personal care and grooming was attended to a high standard.

The inspector spoke in detail with a total of 13 residents. Residents' feedback provided an insight of their lived experience in the centre. Residents told the inspector that they were very happy with the quality of the care provided to them and that they felt safe in the centre. They also said that they could freely raise any concerns with the staff. Residents described how they preferred to spend their day and it was evident that residents' choices and preferences were supported and respected. 'It's great here', 'I'm very comfortable', and 'everything here is fine' were some of the positive comments made to the inspector. One resident explained the reason they decided to move into the centre and told the inspector that the staff were 'great at looking after them'. Another resident described the staff as 'very good' and said that they always got assistance from staff whenever they needed it. A number of residents told the inspector that they were looking forward to watching the Galway races later in the day. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings. The inspector also spoke with two visitors who were both complimentary about staff and the care received by their loved ones in the centre.

The centre was a purpose built two-storey facility with an accessible lift between both floors. The premises was designed and laid out to meet the assessed needs of the residents who lived there. The premises was very clean, tidy and generally well maintained and provided a homely environment for residents. All areas were suitably

furnished and the décor was modern throughout the building. Residents had access to a variety of communal areas which were bright and spacious. Resident accommodation comprised of single ensuite bedrooms which were appropriately decorated. All bedrooms were observed to have sufficient space for residents to live comfortably and this included adequate space to store personal belongings. A number of residents had styled their rooms with personal items including pictures, books and furniture. Hallways and corridors were decorated with sensory wall coverings and pictures including artwork produced by the residents. There were appropriate handrails and grab rails available in the bathrooms and along the corridors to maintain residents' safety. Call-bells were available and accessible throughout the centre. The building was well lit, warm and adequately ventilated throughout.

There was safe, unrestricted access to an enclosed outdoor area for residents to use. This space included a variety of suitable seating areas, garden furniture and an array of flowers and plants. Residents were observed enjoying this outdoor space throughout the day of the inspection.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure the residents' safety when using this facility, including access to suitable fire fighting equipment.

Throughout the day, the inspector observed staff engaging in kind and patient interactions with residents. Staff who spoke with the inspector were knowledgeable about the residents and familiar with their needs. Residents were observed sitting together in the communal areas, chatting to one another and staff, watching TV or reading. Other residents were observed sitting quietly and contentedly in the various areas watching the comings and goings around them. A number of residents were in their own rooms, preferring to spend time on their own enjoying quiet time. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. Communal areas were supervised by staff at all times.

The centre employed an Activity Co-ordinator and residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms seven days a week. The inspector observed residents taking part and enjoying a variety of activities including a lively Galway races 'Ladies Day' event in the afternoon.

Residents had unlimited access to telephones, television, radio, newspapers and books. Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

Residents had a choice of where to have their meals throughout the day. The inspector observed that meals served were well presented and there was a good choice of nutritious food available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the

centre. Staff members and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. A choice of refreshments was available to residents throughout the day.

In summary, the inspector found a good level of compliance, with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in July 2021.

The inspector found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of a good standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. The actions required following the previous inspection had been completed by the provider.

The provider of this centre was Green Park Nursing Home Limited . This family run centre had four company directors, all of whom were actively involved in the day-to-day operation of the service and were a visible presence in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There was a person in charge in post who was also a director of the company who demonstrated a clear understanding of their role and responsibility. They were supported in this role by a full complement of staff including two clinical nurse managers, nursing and care staff, housekeeping staff, catering staff, administrative staff, activity staff and maintenance staff. The remaining three directors also provided a high level of managerial support to the person in charge. There were deputising arrangements in place for when the person in charge was absent.

The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the day of the inspection the centre had a stable and dedicated team which ensured that residents benefited from continuity of

care from staff who knew them well. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. The person in charge and clinical nurse managers provided clinical supervision and support to all staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling and infection prevention and control training.

The provider had systems in place to ensure the service was effectively monitored. A new electronic auditing system was recently introduced in the centre and the person in charge had a schedule of audits in place for 2022. While a range of audits had been completed which reviewed practices such as care plans, medication management, fire safety, nutrition and infection prevention and control, further action was required to ensure that any deficits identified were used to develop a robust quality improvement plan for the centre.

There was evidence that frequent management meetings were held where a range of issues including resident care, fire safety, maintenance, training and environmental cleaning were discussed. While there was an annual review of the quality and safety of care carried out for 2021, the information was not used to develop a quality improvement plan for 2022.

There was a risk register in the centre which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

A sample of three staff files were reviewed by the inspector and found to have all the required information as set out in Schedule 2 of the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

A review of the rosters found that staffing levels in the centre were in line with the statement of purpose. There was sufficient staff on duty to meet both the number of residents accommodated in the centre and the assessed needs of the residents

on the day of inspection, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role. This included infection prevention and control, manual handling, safeguarding, and fire safety.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information specified in paragraph 3 of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of three staff files were reviewed by the inspector and found to have all the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The management systems that were in place did not fully ensure that the service was effectively monitored. For example;

- the information gathered through a range of audits was not used to develop action plans to address any deficits identified
- while there was an annual review of the quality and safety of the service for 2021, the findings were not used to develop a quality service improvement plan for 2022.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was up-to-date and accurately described the service provided by the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that residents' complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in this centre received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and independence were promoted.

The inspector reviewed a sample of six residents' files. Following admission, a range of validated assessment tools were used to determine the needs of the residents including falls risk, skin integrity, manual handling needs and level of dependency. Care plans were developed to reflect the assessed needs of the residents and to guide staff in their care needs. However, the inspector found that action was required to ensure care plans contained up-to-date information regarding the current needs of residents.

Residents had access to a general practitioner and were provided with appropriate medical reviews in the centre. Residents were also provided with access to a range of other healthcare professionals, in line with their identified healthcare needs. This included access to physiotherapy, speech and language therapist and dietitian.

The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident and easily accessible to staff. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. The provider had completed regular fire evacuation drills to ensure residents could be evacuated in a safe and timely manner. There were adequate means of escape, all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and service records were up to date. Fire safety management checking procedures were in place.

Residents' rights were respected and upheld. There was a schedule of activities in place which was facilitated by an activities co-ordinator and care staff. It was evident that residents were supported by staff to spend the day as they wished. Residents had access to an independent advocacy service. Residents were provided with opportunities to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet.

Residents were monitored for weight loss and were provided with access dietetic services when required.

There were sufficient numbers of staff to assist residents at mealtimes .

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

While some good fire safety systems were in place, areas for improvement were required to comply with the regulations;

- the arrangements in place to ensure all fire equipment, means of escape, building fabric and service were maintained were not adequate. For example, the records of fire safety checks completed by staff were incomplete
- the system in place to contain the spread of smoke and fire in the event of an emergency was not effective. For example, a number of fire compartment doors did not have an appropriate in place resulting in a visible gap evident between the doors. This did not provide the necessary seal to prevent the spread of smoke in the event of a fire
- a small number of fire doors were observed to be wedged open, reducing their effectiveness in the containment of smoke and fire in the event of an emergency

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents care plans found that they did not contain the necessary

information to guide care delivery. For example;

- Two residents did not have a comprehensive assessment of their health and social care needs carried out either immediately before or on their admission to the centre .
- Care plans were not always guided by assessments. For example;
 - A resident who was assessed as being at risk of falling did not have a care plan in place with guidance regarding the strategies required to prevent fall occurring.
 - A resident did not have their current medical care needs integrated into their care plan

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 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 3: Statement of purpose	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 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenpark Nursing Home OSV-0000344

Inspection ID: MON-0036614

Date of inspection: 28/07/2022

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All audits and corrective actions are discussed at our weekly Quality Management meetings. These weekly meetings allow us to identify corrective actions coming from audits and any other issues which may arise. It also gives us an opportunity to allocate the appropriate staff to take actions as necessary. • It is noted that a quality service improvement plan was not carried out for 2022. As part of our quality management meetings we strive to use our audits to make any necessary improvements. However, as part of our 2022 review in February 2023 we will include a quality service improvement plan. Until then, as part of our weekly meetings, we identify issues which may arise from any audits, comments complaints or incidents from the previous week. From these discussions we implement improvements and review any learning outcomes. This allows us to implement improvements to our service for the remainder of the year. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The inspector noted that there are new auditing systems in place. However, we noted there were some flaws with this electronic system. These faults have now been rectified. These are reviewed 3 monthly and discussed at our Quality Management Meetings • We have contacted our builder and any retrospective work that may need to be carried out will be done so immediately following a report from our fire consultant who has 	

agreed to come in and inspect all doors.

- All wedges have been removed from the building.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Nurses have been reminded that if a comprehensive assessment did not take place prior to admission, it must be done on admission. Admissions are audited and discussed at weekly Quality Management Meeting.
- A review of all care planning has taken place. A meeting was held with all nurses to remind them of their requirements in relation to care planning. All nursing staff have received training in using our care planning system and currently, this appears to be working well. All Residents now have up to date care plans and assessments based on need. Care Plans are now audited every 3 months.

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	01/08/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive	Substantially Compliant	Yellow	24/08/2022

	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 admission to a designated centre.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	24/08/2022