



**Health  
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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:	Unannounced
Date of inspection:	16 April 2025
Centre ID:	OSV-0000344
Fieldwork ID:	MON-0046822

## 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, a multi-purpose room, an chapel, 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 following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	49
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## 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
Wednesday 16 April 2025	09:30hrs to 17:30hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The inspector found that residents living in this centre were provided with a good standard of care in a supportive environment by a dedicated team of staff who knew them well. Feedback from residents was that they were satisfied with life in the centre. Residents reported feeling safe and comfortable in the care of staff, who they described as kind and caring. There was person-centred approach to the care provided which ensured that residents were at the heart of the service.

Greenpark Nursing Home is a purpose-built two-storey facility providing accommodation for 51 residents situated in the town of Tuam, County Galway. This unannounced monitoring inspection took place over one day. There were 49 residents in the centre and two vacancies on the day of the inspection.

On arrival at the centre, the inspector was met by the person in charge. Following an opening meeting, the inspector spent time walking through the centre, giving an opportunity to review the living environment and to meet with residents and staff. Residents were observed spending their day in various areas of the centre. Some residents were observed relaxing in communal areas and bedrooms, while other residents were receiving assistance with their personal care needs from staff.

The premises was laid out to meet the needs of residents. Residents' living and bedroom areas were located on both floors which were serviced by an accessible lift. Bedroom accommodation comprised of single and twin bedrooms, all of which were ensuite. Residents' bedrooms provided residents with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. There were suitable communal areas available for residents to use, depending on their preference, including day rooms, a dining room, and activity rooms. There was sufficient space available for residents to meet with friends and relatives in private should they wish to. There was also an oratory available which provided a tranquil space for residents. All areas of the centre were styled and furnished to create a comfortable and accessible living environment for residents.

The centre was very bright, warm and well-ventilated throughout. Corridors were wide and there were appropriately placed hand rails to support residents to walk independently. There was ample storage facilities for residents' equipment, and corridors were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Call-bells were available in all areas and were answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was very clean, tidy and generally well-maintained. Equipment used by residents was observed to be visibly clean. While there were a number of maintenance issues noted by the inspector, the provider had an ongoing programme of improvement works in place to address these areas.

Residents had safe, unrestricted access to a pleasant outdoor enclosed garden which contained a variety of appropriate seating areas and seasonal plants.

The inspector spent time in the various areas of the centre chatting with residents and staff, and observing staff and resident interaction. There was a very warm, friendly atmosphere throughout the centre and residents appeared content and relaxed with one another and in their environment. A number of residents sat together in the various communal rooms watching TV, reading and relaxing. Other residents mobilised freely and contently throughout the centre. It was evident that residents were facilitated and supported to exercise choice in their daily routines. Communal areas were appropriately supervised and those residents who chose to remain in their bedrooms were supported by staff. Familiar conversations were overheard between residents and staff. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. The inspector observed that personal care was attended to in line with residents' wishes and preferences. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector observed visitors being welcomed to the centre throughout the day of the inspection. A number of visitors told the inspector that they were very satisfied with the care received by their loved one and that they could speak with management if they had any concerns.

The inspector chatted and interacted with a large number of residents during the course of the inspection. Residents were happy to talk about their experience of living in the centre. Those residents who spoke with the inspector said that they were satisfied with life in the centre. One resident explained their reason for coming to live in Greenpark and described the centre as 'excellent'. Residents commented that they were well cared for, comfortable and happy. One resident told the inspector 'everything is spot on, they are very good to me'. Another resident described the centre as 'lovely, peaceful and quiet'. Residents said that they felt safe, and that they could speak with staff if they had any or worries. 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 relaxed in their surroundings.

Residents told inspectors that they had plenty of choice in how they spent their day. There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included, group and one-to-one activities. Dementia-specific activities were also provided. The centre employed an activities co-ordinator who knew the residents and their individual preferences very well. The inspector observed residents participating in various activities throughout the day. Staff ensured that residents who wished to be actively involved in activities were facilitated to do so.

A small number of residents told the inspector that they preferred to spend most of their time in their bedroom and that they were supported to do so by staff. They told inspectors that they would use the call bell if they required assistance and the

bell was always answered by staff in a timely manner.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Residents told inspectors that they were satisfied with the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. The residents' lunch time was observed to be a pleasant, relaxed experience for residents. Staff were observed to provide assistance and support to residents in a respectful manner.

In summary, the inspector found residents received a very good service from 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. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced monitoring 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 issues of non-compliance found on the last inspection in May 2024.

The inspector found that there were effective governance and management systems in place which is evidenced in the high levels of compliance with the regulations found on this inspection. The provider had completed the actions committed to in a compliance plan submitted following the last inspection in respect of training, records management, notification of incidents and complaints management.

The registered provider of this designated centre is Green Park Nursing Home Limited, a company comprised of three directors, each of whom holds a full-time managerial position within the centre. This includes a person in charge, financial director and operations manager. The inspector found that the governance and management was well-organised, and the use of resources was efficient and effective to ensure that residents were provided with a high-quality, safe service. There was an established and clear management structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. The person in charge demonstrated a good understanding of their responsibilities under the regulations. They were supported in their role by two clinical nurse managers and a full complement of staff including nursing and care staff, activity, housekeeping and catering staff. There were arrangements in place to ensure appropriate deputising, in the absence of the person in charge. The management

team were a visible presence in the centre and provided effective leadership to all staff.

There were a number of management systems in place to monitor the quality and safety of the service. Clinical and environmental audits were completed by the management team. The audits included reviews of infection prevention and control, falls management, medicines management, nutrition and complaints management. Action plans were developed and completed where areas for improvement were identified.

The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including resident feedback, audit results, risks, clinical issues and staff issues.

The centre was well-resourced to ensure that the rights, health and wellbeing of residents were supported. The team providing direct care to residents consisted of at least one registered nurse on duty at all times, and a team of care assistants. A review of the duty rotas found that staffing levels and skill mix were appropriate for the occupancy of the centre, and the size and layout of the building. There were adequate numbers of suitably qualified, competent staff available to support residents' assessed health and social care needs. Care practices were observed to be person-centred and respectful. Staff were observed working together as a team to ensure residents' needs were addressed.

Staff were facilitated to attend training that was up to date and appropriate to the service. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were appropriate arrangements in place to ensure staff were appropriately supervised.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

The centre had a risk register in place which identified clinical and environmental risks in the centre, and the risk control measures in place to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

## Regulation 15: Staffing

<p>The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 16: Training and staff development</p>
<p>Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.</p> <p>Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.</p>
<p>Judgment: Compliant</p>
<p>Regulation 21: Records</p>
<p>The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection on the day of the inspection.</p>
<p>Judgment: Compliant</p>
<p>Regulation 23: Governance and management</p>
<p>The designated centre had sufficient resources to ensure the effective delivery of good quality care and support to residents.</p> <p>There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.</p> <p>There was a quality assurance programme in place that effectively monitored the quality and safety of the service. The person in charge carried out an annual review of the quality and safety of care in 2024 which included a quality improvement plan for 2025.</p>
<p>Judgment: Compliant</p>

### Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

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

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that the centre promoted a human rights-based approach to care and support for residents living in Greenpark Nursing Home. Residents told the inspector that they were satisfied with the service they received, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted.

Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. The inspector reviewed a sample of seven residents' files. Prior to admission to the centre, residents had a comprehensive assessment of their needs completed to ensure the service could meet their health and social care needs. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by accredited assessment tools to assess each resident's needs including, risk of falling, assessment of malnutrition, risk of pressure related skin damage and the support needed to ensure their safe mobility. Individual care plans were comprehensive,

with person-centred information that was updated every four months, or as changes occurred, to reflect residents' changing needs and to provide very clear guidance to staff on the supports required to maximise the residents' quality of life.

Residents received a good standard of nursing care and there was appropriate oversight of residents clinical care by management. Residents had access to medical assessments and treatment by their general practitioners. Arrangements were in place for residents to access the expertise of health and social care professionals when required. From the sample of files reviewed, it was evidenced that recommendations from health and social care professionals were implemented to improve residents' health and well being.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails, and records reviewed showed that appropriate risk assessments had been carried out.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place which was facilitated by an activities co-ordinator. There were sufficient staff available to support residents in their recreation of choice. Residents had access to an independent advocacy service. Residents had the opportunity to meet together and to consult with management and staff on how the centre was organised as evidenced by the minutes of resident meetings. Satisfaction surveys were carried out with residents with positive results.

The environment and equipment used by residents were visibly clean and the premises was generally well-maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use. There was an ongoing programme of maintenance in the centre.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

There was a residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

The provider had fire safety management systems in place to ensure the safety of

residents, visitors and staff.
<b>Regulation 11: Visits</b>
Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.
Judgment: Compliant
<b>Regulation 12: Personal possessions</b>
Judgment: Compliant
<b>Regulation 17: Premises</b>
The design and layout of the centre was suitable for the number and assessed needs of the residents accommodated there, and provided appropriate facilities, in accordance with the statement of purpose.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
The provider had prepared a guide for residents which contained the requirements of the regulation.
Judgment: Compliant
<b>Regulation 25: Temporary absence or discharge of residents</b>
Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's

return to the centre.
Judgment: Compliant
Regulation 26: Risk management
The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents had up-to-date person-centred care plans in place. Care plans contained sufficient information to guide the staff in the provision of health and social care to residents, based on residents individual needs and preferences.
Judgment: Compliant
Regulation 6: Health care
Residents had access to appropriate medical and allied health care professionals to meet their assessed needs.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.
Judgment: Compliant
Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant