



**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:	Unannounced
Date of inspection:	14 June 2023
Centre ID:	OSV-0000344
Fieldwork ID:	MON-0040039

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:	47
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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
Wednesday 14 June 2023	09:30hrs to 18:20hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The overall feedback from residents in this centre was that it was a good place to live, and that staff provided them with the help and support they needed. There was evidence that residents were provided with high standards of care and support by staff who were kind, caring and familiar with their needs.

This unannounced inspection took place over one day. There were 47 residents in the centre and four vacancies on the day of the inspection.

Following an introductory meeting, the inspector completed a walk around of the centre. The centre was a purpose-built facility situated in the town of Tuam, County Galway. The living and accommodation areas were spread over two floors which were serviced by an accessible lift. Accommodation was provided for 51 residents, and comprised of single and twin bedrooms, all of which were ensuite. The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Bedroom accommodation provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. There was a choice of communal areas available for residents to use including a day room, dining room, and activity rooms. The décor was modern throughout, and all areas were appropriately furnished to create a homely environment for residents. The centre was bright and well ventilated throughout. All areas were clean, tidy and generally well maintained. Call-bells were available in all areas and answered in a timely manner.

Residents were provided with safe, unrestricted access to an enclosed outdoor courtyard, which contained a variety of suitable seating areas and garden furniture. There were also a number of raised vegetable and flower beds which residents tended to throughout the year. Residents and visitors were observed relaxing and enjoying the good weather in the courtyard throughout the day.

There was a relaxed, happy atmosphere throughout the centre on the day of the inspection. The majority of residents were up and about, and were observed in the various communal areas of the building. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and watching the comings and goings in the centre. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. The inspector observed that personal care needs were met to a good standard, and that staff provided residents with care and support in a respectful and unhurried manner.

Throughout the day, residents were happy to chat with the inspector, and to provide an insight of their lived experience in the centre. The inspector spoke in detail with a

total of 10 residents. When asked what it was like to live in the centre, one resident told the inspector that 'it's mighty', one resident said 'it's not bad at all' and another said 'staff are very good to me'. One resident told the inspector that, although staff were very busy, they always got help when they needed it. Other residents told the inspector that there was plenty to do every day, that the food was very good and that staff provided help when they required it. A small number of residents told the inspector that they preferred to spend their day in their bedrooms watching television and reading. Residents were satisfied with their surroundings, including their bedrooms and communal spaces. One resident said that they had 'picked the best room in the house'. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and relaxed in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

Throughout the day, residents were seen to be happy and content as they went about their daily lives. It was evident that residents were supported by staff to spend the day as they wished. There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms. Residents were also provided with access to television, radio, internet, newspapers and books. There was a schedule of activities in place including exercise, bingo, gardening, arts and crafts, and baking. The activity co-ordinator on duty on the day was very knowledgeable about the social care needs of residents. Residents told the inspector that they were free to choose whether or not they participated in planned activities.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food. The dining experience was observed to be a social, relaxed occasion. The inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

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 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 2022.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The provider had addressed the actions required following the last inspection in respect of governance and management.

Green Park Nursing Home Limited was the registered provider of this family run centre. The company 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. The inspector found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a good standard. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. There was a clearly defined management structure in place, with identified lines of authority and accountability. There was a person in charge in post, also a director of the company, who demonstrated a clear understanding of their role and responsibility. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge. The person in charge was supported in this role by a full complement of staff, including two clinical nurse managers, nursing and care staff, housekeeping, catering, administrative, activity and maintenance staff. Management support was also provided by the remaining three directors.

On the day of the inspection, there were sufficient resources in place to ensure effective delivery of high quality care and support to residents. The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the assessed needs of residents, and teamwork was evident throughout the day. Staff had the required skills, competencies and experience to fulfil their roles. 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. Staff demonstrated an understanding of their roles and responsibilities. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. The person in charge provided clinical supervision and support to all the staff.

There were policies and procedures available to guide and support staff in the safe delivery of care.

Staff had access to education and training appropriate to their role. This included

fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The provider had systems of monitoring and oversight of the service in place. There was a schedule of audits which reviewed areas of the service such as, falls management, nutrition, medication management, use of restraint and infection prevention and control. An annual review of the quality and safety of the services had been completed for 2022 which included a quality improvement plan for 2023.

There was evidence that there were effective communication systems in the centre. Minutes of management meetings reviewed by the inspector showed that a range of topics were discussed such as, accidents/incidents, complaints, staffing, feedback from residents, clinical governance and other relevant management issues.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

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.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

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 the standard of care which was provided to residents living in this centre was of a high quality. Residents who spoke with the inspector said that they felt safe and that they were very well cared for by staff in the centre. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

The findings of the inspection were that the provider had taken action to comply with the regulations in respect of care planning and fire precautions.

Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical

assessments were carried out, using validated assessment tools to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of seven residents' files and found that care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Care plans were sufficiently detailed to guide care, and contained information that was holistic and person-centred. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners (GP) providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed need.

The centre promoted a restraint-free environment, and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who requested the use of bedrails. Records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

Residents who may be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

A review of the fire safety systems in the centre found that there were adequate means of escape in the event of a fire, and emergency lighting was in place. Fire detection and fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place. Personal evacuation plans were in place for each resident. Evacuation drills were undertaken regularly, and staff were knowledgeable about what to do in the event of a fire.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including privacy, nutrition, communication, call bells and activities. Residents' satisfaction surveys were carried out and feedback was acted upon. Residents had access to an independent advocacy service.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

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 28: Fire precautions

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their 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 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

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 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

