

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Greenpark Nursing Home
Centre ID:	OSV-0000344
Centre address:	Tullinadaly Road, Tuam, Galway.
Telephone number:	093 244 10
Email address:	greenparknh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Green Park Nursing Home Limited
Provider Nominee:	Cora McNamara
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 February 2017 10:00	09 February 2017 18:30
10 February 2017 10:00	10 February 2017 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection, carried out by the Health Information and Quality Authority (HIQA). Greenpark Nursing Home is a purpose built residential two-storey nursing home opened in 2011. It is a modern 2 storey over basement structure. 46 single en-suite bedrooms and 5 twin en-suite bedrooms. Two day rooms, a dining room, multi-purpose room, treatment, room assisted bathroom, 6 communal toilets, an oratory, hairdressing

room and a smoking room form part of structure. A pleasant well maintained large enclosed garden is available in the centre of the building. 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.

As part of this inspection the inspector reviewed progress on the 11 actions documented post the last inspection in February 2016. Documentation submitted by the provider as part of the application process was also reviewed prior to the inspection. This included notifications of incidents submitted by the provider since the last inspection. The previous inspection findings of 2 February 2016 had identified the requirement for improvements in governance and management, medication management, health and social care, complaints procedures food and nutrition, resident's rights dignity and consultation and suitable staffing. The provider had ensured there had been significant work done in these areas and all actions were addressed. An external health care provider was commissioned to review all policies and put in place a comprehensive risk management and auditing system. The inspector found this had strengthened the governance within the centre.

Notification of incidents received since the last inspection were reviewed pre this inspection and reviewed and discussed with staff during this inspection. 6 resident and twelve relative questionnaires were received by the inspector. On review all with the exception of one were positive in their feedback and expressed satisfaction about the facilities, services and care provided. They were particularly complimentary of the management team, social care activity provision and activity staff and the service provided. The areas of dissatisfaction documented in one questionnaire included lack of staffing particularly in the evenings on the first floor and the wardrobes could be tidier.

Throughout the inspection, the inspector met with residents, relatives, visitors and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The management team displayed a good knowledge of their regulatory responsibilities. The provider representative also fulfils the role of the person in charge and will be referred to as the provider throughout this report. The inspector found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Residents looked well cared for and in speaking with the inspector provided positive feedback on the staff, care and services provided.

Areas which require review post this inspection include more detailed monitoring of food and fluid intake and output recording for high risk residents, ensuring completion of neurological observations post all unwitnessed falls, ensuring where bedrails are used as enablers a corresponding care plan is in place details the enabling rationale. Improvements required post this inspection are set out in detail in the action plan at the end of this report and include, accurate and detailed completion of food and fluid charts, enabling care plans, completion of neurological observations post all unwitnessed calls and meeting the requirements of the regulations with regard to volunteers working in the centre.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The inspector noted that the statement of purpose was made available for residents, visitors and staff to read. The statement of purpose stated that the centre accommodated a maximum of 2 day care residents per day. All of the items listed in Schedule 1 of the Regulations, including the information set out in the Certificate of Registration was contained in the statement of purpose.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A clearly defined management structure that identified the lines of authority and accountability was in place. Staff spoken with by the inspector were clear about the

management structure and the reporting mechanisms. Details of responsibilities for all areas of service provision was detailed, for example , catering and housekeeping and the activity co-ordinator report to the social care and facilities manager, nursing and care staff reported to the assistant director of nursing, and all managers in turn reported to the provider/person in charge.

The provider/person in charge was supported by an assistant director of nursing and a clinical nurse manager. A new quality management system (QMS) had been developed. The provider stated that the social care and facilities manager has taken a lead in the development of this system. She stated the system focuses heavily on auditing and corrective action procedures which can further improve and upgrade the overall quality of service and safety of the residents.

This QMS included an auditing schedule, a schedule of meetings and the enactment of quality improvement plans resulting in improvements of the service provided. The inspector was satisfied that the management systems in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

The provider/person in charge monitors a number of clinical indicators on a weekly basis such as pain, pressure areas, catheterisation rates, significant event, weight loss, hospital admission, and review by their general practitioner, significant event and antibiotic use. Audits had been completed on health and safety, falls and nutritional care. Where audits identified areas for improvement these were enacted. An annual review of quality and safety of care was available.

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Four new nurses had been recruited since the last inspection. Three were working as pre registration nurses as they had not been admitted to the register of nurses held by the Nursing and Midwifery Board of Ireland. The provider/person in charge assured the inspector that they were always supervised by a registered nurse and did not dispense medication. This was supported by a review of the roster by the inspector. One had registered with the Nursing and Midwifery Board of Ireland as a nurse.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

A residents' guide was made available to the inspector at the time of inspection. On review this was found to contain all of the information required by the Regulations.

A sample of residents' contracts of care was reviewed by the inspector. These had been agreed on admission. They set out all fees being charged to the resident and all services to be provided. Expenses not covered by the overall fee and incurred by residents were identified in an appendix attached to the contract. This detailed the additional charges per individual item for example, the social care programme, hairdressing physiotherapy. The provider/person in charge stated that there was an opt out clause for residents who did not wish to partake in social care or for resident who spent periods of time in the acute general hospital as they were not available of this service if they were not resident in the centre.

The contract of care did not specify for residents whether the bedroom to be occupied was single, twin or multi occupancy as required by the 2016 regulations.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider/person in charge is a joint post. She usually worked in the centre 10-18:00hrs. She was a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of the service. She qualified as a nurse in 1964.

The person in charge/provider had been the senior clinical nurse in the centre for since it opened. She works full time, is a registered nurse and has appropriate experience to meet the regulations pertaining to a person in charge. She completed a specialist course in gerontology in 2010.

The person in charge /provider provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people, including short courses on safeguarding vulnerable adults, management of chronic pain, and management of responsive behaviour and had recently attended a conference on care

of the older person.

She demonstrated a very good level of knowledge of residents, many of who were local and she had known for many years prior to their admission. Residents, relatives and staff spoken with were complimentary of the provider/person in charge. This was also evidenced on review of the resident/relative questionnaires. She demonstrated good knowledge of the relevant legislation and her statutory responsibilities. She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and were stored and maintained securely.

The inspector reviewed a sample of these records to include fire safety, staff recruitment and residents' care and medical files.

The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors.

A record of visitors was maintained. The directory of residents' contained all information required by schedule three of the regulations and was maintained up to date.

A sample of staff files was reviewed and found to be compliant with the regulations. The provider confirmed in writing to the authority on the 8 February 2017 that all staff has Garda vetting in place.

The inspector also reviewed a sample of policies and procedures as required by Schedule 5 of the regulations. All the required policies were in place.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the provider/person in charge.

The assistant director of nursing is identified as the person to act as the person in charge in her absence. He is an experienced nurse who works full-time. The inspector was satisfied that these arrangements were suitable for the management of the designated centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Staff

had been provided with training in recognising and responding to elder abuse. This training had been offered on three occasions in 2016. All staff spoken with were clear on their role and responsibilities in relation to reporting abuse. All voiced the review that the care of the residents was paramount and they would report any suspicion or allegation of abuse to the most senior staff on duty at the time.

A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as low-low beds were in place. Evidence of alternatives considered or trialled was available. In discussion with the assistant director of nursing on the use of bedrails he described how most were used as an enabling function, many had been requested these and others were in place for the purpose of positioning or enhancing the residents' function. However, care plans were not in place detailing the rationale for use of the bed rails. Records indicated that restraint was only used following a safety risk assessment.

There was a policy on the management of responsive behaviour. A small number of residents presented with responsive behaviour and records indicated the use of behaviour charts to support the identification of precipitating factors to enable staff recognise triggers and try and alleviate the underlying cause of the behaviour. Positive behaviour support plans were in place to provide direction to staff as to how to manage responsive behaviour.

Staff had attended training in management of responsive behaviour.

There were transparent systems in place to safeguard residents' money with documentary evidence of any payments in and out. A signature of staff was in place for all monies spent and receipts were available.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, visitors and staff was promoted in this centre. The risk management policy had been reviewed since the last inspection and was found to comply with current legislation and detailed measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm. An organisational safety statement with an accompanying risk register was available. This

register contained risk assessments in relation to environmental risks such as cleanliness and tripping hazards.

There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments. Neurological observations were not consistently completed post un-witnessed falls to monitor neurological function.

On review of the fire training records, the inspector saw that fire training had been held on three occasions in 2016. All staff had undertaken fire safety training and this was confirmed by staff. Staff spoken with knew what to do in the event of a fire. Fire drills were being completed regularly. However, the procedures to complete and record fire drills require review. The fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. No drill had been undertaken with night staffing levels and in the area where the greatest number of residents would require evacuation. Additionally, there was poor documentation of evaluation of learning from fire drills completed for staff to evaluate what worked well or identify any improvements required.

Fire records showed that fire equipment had been regularly serviced. The fire extinguishers were last serviced on the 27/5/16 with the fire alarm last serviced on the 20/12/16. A contract is in place for quarterly servicing. The inspector found that all internal fire exits were clear and unobstructed during the inspection. Evacuation maps and procedures were displayed throughout the premises Risk assessments had been completed for all residents who smoked.

Records were maintained of accidents and incidents. While factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted, there was poor evidence of whether the GP had attended the centre or when they were contacted if they gave any advice. The assistant director of nursing gave a firm commitment to address this matter with staff nurses. Evidence of risk prevention strategies for example the use of sensory alarms or provision of hip protectors was available.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling and in the use of the hoists. Hoists were serviced every 6 months, these were last services 20/9/16. There was a declaration of conformity for emergency lighting dated 27/1/17 provided by an electrician.

Staff were knowledgeable in infection control procedures and training had been provided.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

All medication prescriptions were signed by the prescribing GP. This was an action at the time of the last inspection.

The policy on medication management had been reviewed since the last inspection. The policy was comprehensive and evidence based. The policy was made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. There was evidence of appropriate involvement by the pharmacist in accordance with good practice, including being available to residents should they wish to discuss their prescribed medication. This was a new initiative since the last inspection.

Medications were stored in a locked medication trolley. The temperature of the medication fridge was monitored and recorded daily and medications requiring refrigeration were stored appropriately. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

The practice of transcription was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. Where medications were to be administered in a modified form such as crushing, this was individually prescribed by the medical practitioner on the prescription chart.

Staff confirmed that appropriate and comprehensive information was provided in relation to medication when residents were admitted to the centre. This formed part of the pre admission assessment and staff informed the inspector that the pharmacist worked very closely with the centre to ensure the required medication was available. All staff nurses had completed medication management training.

Medication prescription sheets reviewed by the inspector were current. They detailed the weight, an up to date photo of the resident and any known allergies. Maximum daily doses were specified for 'pro re nata' (PRN) medication. The Medication administration record sheets (MARS) identified the medications on the prescription sheet, contained the signature of the nurse administering the medication. Space to record comments on withholding or refusing medications was available. The times of administration matched the prescription sheet.

The inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance of An Bord Altranais agus Cnáimhseachais.

Medications which are out of date or dispensed to a resident who no longer required the medication were securely stored. These were segregated from other medicinal products and returned to the pharmacy for disposal in a timely fashion. A record of the medications returned to the pharmacy was maintained which showed a verifiable audit trail.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector noted that a record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the time of the last inspection it was found that the wound care plan for a resident with a pressure wound indicated that the resident was to be turned two hourly during the day and four hourly at night. On reviewing the care records there was poor evidence

available that this was occurring. This had been addressed. There were two residents with wounds on the day of inspection. Appropriate medical and health care was in place for both residents. One wound had been present for a significant period. This had been reviewed by the medical staff and had been swabbed in case of infection. Evidence was available that this resident was awaiting review by tissue viability services. Wound management charts were used to describe the dressings used and frequency of dressings. The dimensions of the wound were documented and photographs were used to evaluate the wound on an ongoing basis.

There was evidence that timely access to health care services was facilitated for all residents. The assistant director of nursing person confirmed that a number of GPs were currently providing a service to the centre. An "out of hours" GP service was available if required. A review of residents' medical notes showed that residents had timely access to their GP. A narrative record was recorded for resident each day. This gave an overall clinical picture of the resident. The activity staff kept separate records with regard to social care engagement of residents. There was good evidence of transfer of information between the centre and acute healthcare providers. Discharge summaries for those who had spent time in acute hospitals were available in the medical files reviewed. An evidenced based strategy was in place to prevent falls whilst also promoting residents' independence. A physiotherapist visited the centre weekly. Allied health/specialist services such as speech and language therapy, dietetics and chiropody was available and there was evidence of referral and review.

A computerised care package system was in place. The inspector reviewed a selection of care plans. A pre-assessment was undertaken prior to admission. On admission, a comprehensive assessment of resident's abilities and needs was completed to include all activities of daily living, including risk of falls, nutritional care communication, personal care, mood and cognitive status. Overall, the inspector found that care plans were person centred with residents likes and dislikes recorded. Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. Care plans were kept under review as required by the resident's changing needs or circumstances and were reviewed no less frequently than at four-monthly intervals, in consultation with residents or their representatives. This was confirmed from reviewing the care plans chatting with residents and relatives and the questionnaires received pre, post and during the inspection.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The building is a purpose-built new build which was opened in 2011 on the same site as the previous nursing home. It was well maintained, warm, comfortably decorated and clean. Residents are accommodated on two floors, with a sitting room available on both floors. The dining room is on the ground floor. Other facilities include a visitors' room, an activities room an oratory and a smoking room.

Bedroom accommodation comprises of 46 single and five twin, all en-suite. Privacy curtains were provided in twin bedrooms. A functioning call-bell system was in place in each bedroom which was accessible to residents if they were in bed or sitting by their bed in a chair. In addition to the en-suite facilities there was a communal bathroom and eight communal toilets. Toilets were located in close proximity to the sitting rooms.

Staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff to comply with best practices in infection control. A well maintained pleasant large safe enclosed garden was provided with seating. Residents and relatives were complimentary of the garden and the bedrooms. The inspector visited the kitchen was visibly clean and organised and inspection reports issued by the relevant Environmental Health Officer (EHO) were made available to the inspector. The inspector reviewed the most recent environmental health officer's report and found that minor breaches were identified. The provider confirmed that these areas had been rectified.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The provider/person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure. A designated individual was nominated with overall responsibility to investigate complaints. A summary of the complaints procedure was displayed prominently and was

included in the statement of purpose.

A revised complaints policy was in place. This detailed a comprehensive process for dealing with a complaint which complied with the regulations. No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations. The contact details of the office of the Ombudsman were recorded in the policy.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was no resident actively receiving end of life care at the time of this inspection. Evidence of a good standard of medical and clinical care at end of life with appropriate access to specialist palliative care services was described by nursing staff. Staff described how they would ensure that residents' physical, emotional, social, psychological and spiritual needs would be met. Residents approaching end of life had end of life care plans in place. Where residents had expressed specific wishes these were documented. Resident's choice regarding transfer to hospital was recorded.

Staff described how they respected the wishes of residents not wanting to discuss end of life care. The assistant director of nursing informed the inspector that links were made with the local palliative care team who provided support as required. Pain assessment and monitoring charts were in place to ensure the effectiveness of any analgesia was monitored. Contact details of the local palliative care services were available in the nurses' office.

Relatives were facilitated to stay overnight and snacks and drinks were available.

An oratory was located in the centre. Staff stated the local parish priest was freely available to the service and knew the residents well. Details were available in the centre of other religious ministers. The activity therapist takes a lead in discussion end of life care wishes with residents and has an interest in this area and completed courses in '

the sacred art of living and dying' and 'Opening end of life conversations with people with dementia.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A revised nutritional assessment tool was in place since the last inspection. Staff told the inspector they found this more user friendly and training was provided for staff in the use of this assessment. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Nutritional care plans were in place, Residents were weighed according to their clinical need. Nutritional care plans had been updated to reflect current requirements and interventions, such as, modified consistency diets, updated recommendations of the speech and language therapist and whether the resident was on a fortified diet or what type of supplements had been prescribed.

Food and fluid intake charts were being completed for residents assessed as being at risk of nutritional deficit. While these were sufficiently detailed in most cases and contained adequate information to provide a reliable therapeutic record for staff, one resident's required further input. This resident was a high risk of nutritional deficit. She had been reviewed by medical staff and the dietician and a nutritional care plan was in place.

The inspector observed some residents having their dinner and tea in the dining room. Staff were available to assist and monitor intake at meal times and residents confirmed to the inspector that they were happy with the food served. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering and dining room staff. The inspector met with the chef on duty who displayed a very good knowledge of the specific nutritional needs of the residents. Documents with regard to residents' special needs, their likes, dislike and preferences as to where they wanted their food to be served were available in the kitchen.

The chef displayed a good understanding of the need for specialist diets. There was a

good variety of food available in the kitchen and a chef was on duty daily. The chef informed the inspector where residents expressed a specific wish for a type of food this was obtained and she had full autonomy over the supply of foods. For example some residents expressed the wish of having a goose for the Christmas dinner and this was facilitated.

Residents were offered a variety of drinks and snacks throughout the day including fresh fruit.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
This was an area that was very well developed and a high level of compliance was best practice was observed. Residents had opportunities participate in meaningful activities appropriate to their interests and preferences.

At the time of the last inspection CCTV was in use in the sitting rooms and dining rooms. This did not protect resident's choice or their privacy and dignity as it did not facilitate residents to undertake personal activities in private, such as eating, drinking, activities or relaxing. This has been addressed CCTV is password protected and available for review by management only and is not visible on any screen in the centre. A policy is in place with regard to the recording of CCTV in the centre and the administrator was aware of the Data Protection Act and compliance with same with regard to CCTV. Signs are in place informing all persons that CCTV is in operation. There is no recording in bedrooms. The provider stated that CCTV was in place to protect 'the safety and security of our residents'.

There was a range of activities offered including gentle exercise, arts and crafts, quizzes and live music. The social care staff had developed a list of activities that residents have expressed an interest in. Some activities such had been modified to enhance interaction and communication and were held for short periods of time.

Residents were facilitated to attend activities external to the centre. Some residents

went out to the town with staff and some independently went to the local pub for a drink. Some residents who spoke with the inspector stated they went out with family for lunch. The inspector met with the social care staff who informed the inspector that the main focus of their work was empowering the residents. There was evidence of consultation with residents and their representatives. Many residents told the inspector that they felt listened to and that they could raise issues with staff any time they wished. Various interesting activities were regularly scheduled, for example one day a week there was a Socrates breakfast club, a local historian attended weekly to partake in this. Cognitive stimulation therapy, Monday morning sports review group, fit for life exercise group, choir all formed part of the activity schedule. One of the social care staff had attended training in Sonas (a therapeutic activity for residents who are cognitively impaired) training. Regular sessions of Sonas were being undertaken.

There were some residents who could not participate in group activities. Staff informed that individual activities were available to these residents and saw evidence that these residents did engage in individual activities and staff were observed to spend time with residents and sat and chatted with residents to meet a social need. Some residents chose to spend time in their own rooms and enjoyed reading and watching TV, private praying or relaxing. There was evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom. The centre operated a flexible visiting policy and facilities were available for residents to meet visitors in private.

The centre arranges that residents can vote from the centre. Residents wrote their own proclamation for the centenary year and one of the resident's had presented to the local county council. Various newspapers to include the local, national and the farmers' journal were available. Mass is celebrated weekly and the rosary and prayers are a daily part of the activity programme. The centre has a link for Mass to the local Cathedral.

The residents' committee take place on a quarterly basis. Items discussed include activities, upcoming events and day to day running of the centre. Suggestions made are actioned on in a timely manner by the social care and facilities manager. Provider/person in charge. An advocacy service is available to residents. An independent advocate attends residents' committee meetings and is also available to meet with residents individually.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a policy in place for the management of resident's possessions. Sufficient storage space was available in residents' bedrooms which included a wardrobe and a bedside locker, and a set of drawers with a lockable drawer. Residents had personalised their rooms with pictures and ornaments. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. No complaints were documented regarding missing clothes. Property lists were recorded on admission and regulatory updated to safeguard residents' property and valuables.</p>
<p>Judgment: Compliant</p>

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector found that the actions from the previous inspection had been addressed. All nursing staff had undertaken training in care plan writing and the use of electronic system. The staff roster accurately reflected the numbers of staff on duty. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times. Residents were complimentary of the staff and staff "they are great, there is always someone around". Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. A registered nurse was on duty at all times.</p> <p>The normal allocation of staff on duty was the person in charge and or the assistant director of nursing and two nurses and seven care assistants up to 17:00hrs, two</p>

nurses and five carers from 17:00 until 20:00hrs and two nurses and three carers from 20:00hrs until 22:00hrs and two nurses and two carers from 22:00hrs until 08:00hrs. An activity therapist works four days per week and the social care co-ordinator works full-time in the centre. Additional catering, housekeeping, maintenance and administration staff is available.

A staff training programme was on-going. All staff had up to date training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, hand hygiene, medication management communication, end of life care – what matters to me, care of the older person, positive behaviour management, and nutritional care.

An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were available for all registered nursing staff employed.

Daily allocation sheet for staff nurses and care assistant was in place and this tried to ensure continuity of care. Staff is kept informed on changes to residents' health status through handover meetings, care plans and daily diaries. Regular staff meetings took place. Topics discussed include documentation, falls prevention, nutrition and day to day running of the centre.

A volunteer was working in the centre. Her role and responsibilities were not set out in writing and there was no process in place with regard to supervision and support for her. A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons Act) 2012 was in place.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Greenpark Nursing Home
Centre ID:	OSV-0000344
Date of inspection:	09/02/2017
Date of response:	08/03/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Care plans were not in place detailing the rationale for use of the bed rails

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

New Care plans and assessments have been created for residents requiring bed rails. These care plans and assessments clearly set out the rationale for use of same, ie restraint or enabler.

Proposed Timescale: 10/03/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was poor evidence of whether the GP had attended the centre following an accident or incident, or if when they were contacted they gave any advice.

2. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:

Staff training has taken place. The importance of filling out incident forms correctly was highlighted and the need to fill out all sections of said forms reiterated. These forms include a section to include whether or not GP was contacted as well as advice given.

Proposed Timescale: 13/02/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Neurological observations were not consistently completed post un-witnessed falls to monitor neurological function.

3. Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Please state the actions you have taken or are planning to take:

Staff training has taken place. The importance of filling out incident forms correctly was highlighted and the need to fill out all sections of said forms reiterated. These forms include a section for the documenting of neurological observations.

Proposed Timescale: 13/02/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. No drill had been undertaken with night staffing levels and in the area where the greatest number of residents would require evacuation. There was poor documentation of evaluation of learning from fire drills completed for staff to evaluate what worked well or identify any improvements required.

4. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

A new format is now in place for the recording of weekly fire drills. This includes time alarm goes off, time taken for staff to respond, discover the location of the fire, safely respond to the simulated scenario and any lessons learnt.

Initial drill was undertaken to simulate night-time staffing levels. A number of lessons were learnt which will be implemented as we continue with our weekly fire drills.

Proposed Timescale: 06/03/2017

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While food and fluid intake charts were sufficiently detailed in most cases and contained adequate information to provide a reliable therapeutic record for staff, one resident's required further input. This resident was a high risk of nutritional deficit.

5. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:

This issue was addressed on the day of the inspection. Resident was placed on a different food & fluid program that is more comprehensive in its data collection. This update was supplied to all care staff on their duty sheet. Care plan was updated and issue was discussed with nursing staff at meeting on 13th February.

Proposed Timescale: 13/02/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no process in place with regard to supervision and support for the volunteer.

6. Action Required:

Under Regulation 30(b) you are required to: Provide supervision and support for people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:

This volunteer is a qualified advocate and represents the residents of Greenpark as such. A member of the management team meets with her after any meeting with residents in order for her to raise any issues which may arise.

As part of building a relationship with the residents, the volunteer is undertaking a life story project with some residents. A confidentiality agreement is in place, as well as the memorandum of understanding.

Proposed Timescale: 16/02/2017

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A volunteer was working in the centre. Her role and responsibilities were not set out in writing.

7. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:

As discussed with the inspector on the day, the volunteer has been given a memorandum of understanding, in keeping with best practice for advocates. This has been signed by the volunteer and a copy returned for our records.

Proposed Timescale: 16/02/2017