Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

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:	11 July 2018
Centre ID:	OSV-0000344
Fieldwork ID:	MON-0022253

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 2 storey over basement structure with 41 single and 5 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, 6 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.

Current registration end date:	30/04/2020
Number of residents on the date of inspection:	51

How we inspect

To prepare for this inspection the inspector or 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
11 July 2018	10:30hrs to 18:30hrs	Marie Matthews	Lead

Views of people who use the service

The inspector met with a number of residents and visitors on the day of the inspection. Residents and their families were very positive about the standard of care they received. They told the inspector that person in charge was very caring and she called in at the weekend and at night to see them. They were complementary regarding the staff and said they were kind and attentive.

Resident said they had plenty of choice at meal times and that they could choose whether to take their meals in their rooms or to come to the dining room. They were particularly happy that there was no set breakfast time and they could sleep on if they were tired.

Residents said they felt safe in the centre. They were complementary about the opportunities for meaningful engagement and commented how they enjoyed spending time in the enclosed garden.

Capacity and capability

The centre is a family run business and the person in charge, Assistant Director of Nursing (ADON), social care manager, clinical nurse manager and finance manager form the management team. The person in charge and the ADON oversee the clinical care.

The person in charge was very familiar with all of the residents. She lived close to the centre and the residents spoken with confirmed that she was a constant presence and called to see that everything was ok at weekends and in the evenings.

She and the ADON displayed a good knowledge of the regulatory requirements and a commitment to providing safe evidence-based and person-centred care for the residents.

The centre was organised and most information requested by the inspector was made available promptly. The centre was adequately insure against loss or damage to residents' property.

Residents were provided with a written contract and a guide to the centre on

admission outlining the services provided and the fees charged.

There was a low turnover of staff and staffing levels were kept under review by the person in charge. Holidays and other absences were covered by the staff team and no agency staff were used.

The nursing and care staff said they had sufficient time to complete their work and to engage with residents but the inspector found that the staffing levels at night required review in view of a higher incidence of falls occurring at night.

There were effective recruitment arrangements and the person in charge confirmed that all staff had Garda Síochána (police) vetting in place. This was evident on the staff files reviewed.

Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were available. There were three volunteers working in the centre and a copy of their roles and responsibilities was available. Garda vetting was available for all volunteers.

Systems of communication were in place to support staff with providing care. There were handover meetings at the start of each shift which was attended by all staffing grades to ensure good communication and continuity of care from one shift to the next.

There was an effective complaints procedure in place and complaints were responded to promptly. The independent appeals process required minor review to ensure that a mutually agreed person would be agreed in the event that a resident /relative wished to appeal the outcome of a complaint.

Systems were in place to ensure records required by the regulations were maintained effectively. Records required by Schedule 3 and 4 of the regulations were available. Care records were maintained electronically and were easily retrievable. Some improvements were identified in relation to updating care plans when a change in the residents' care needs occurs and ensuring management documents such as the training matrix were kept up to date.

Regulation 15: Staffing

A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff, household and catering staff. The staffing levels and skill-mix at night required review to ensure the assessed needs of residents were met in view of a higher incidence of falls occurring at night.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a range of training opportunities to support them in carrying out their role in the centre. There was a system in place for identifying when staff members were due training in mandatory areas. This required review as it was not kept up to date. Some staff had not completed recent training in the management of behaviours associated with dementia.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The director of residents was kept up to date and included all of the information required under schedule three of the regulations

Judgment: Compliant

Regulation 21: Records

Some improvements were identified in relation to ensuring care records were updated. For example where a specialists such as the physiotherapist had made changes to the care plan this was not always reflected. Some care records were incomplete or were not dated. For example some complaint forms did not have the section on 'learning from the complaint' completed and the most recent monthly falls analysis report was not available.

Judgment: Not compliant

Regulation 22: Insurance

A contract of insurance was available for the centre which covered loss or damage

to residents property.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There were contracts of care available that provided details of services to be provided for the resident and the fees to be charged. They also included the room to be occupied as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The written statement of purpose was kept under review. It contained information in relation to the matters listed in schedule one of the Regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were three volunteers working in the centre and a copy of their roles and responsibilities was available. Garda vetting had been completed for all volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a management system in place to ensure that any serious incidents were notified to HIQA within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaint appeals process required minor review to make clear that a mutually agreed person would review the complaint in the event that a resident was dissatisfied with the investigation completed.

The section used to record if there was any learning from the complaint was not always completed. An action has been included regulation 21 Records requiring the provider to ensure records are completed in good detail.

Judgment: Substantially compliant

Quality and safety

Residents were supported to experience a good quality of life in the centre and they were encouraged and facilitated to make choices about how they lived their lives. Residents were appropriately assessed on admission and then monitored regularly for changes to their health. Clinical risks such as malnutrition, falls or the risk of developing a pressure ulcer were assessed and monitored.

The residents appeared well cared for and the residents and relatives spoken with gave very positive feedback regarding all aspects of life and care in the centre.

There were systems were in place to safeguard residents and protect them from the risk of abuse and a training programme was in place to ensure that all staff received regular training on safeguarding.

The inspector observed that the staff knew the residents well and connected with each resident on a personal level. A large internal courtyard was observed to be well used during the inspection and to enhance the quality of life for residents.

Residents had access to a range of allied health professionals to support their care needs including mental health services, physiotherapy, speech and language therapy (SALT), a dietitian, occupational Therapy (OT) services and chiropody. Care records confirmed that residents had regular sight tests. A local dentist provided dental care where required. There was no regular arrangement for an audiologist to review residents to check and treat any hearing impairment.

A positive approach was taken to supporting residents with responsive behaviours (how people with dementia may communicate or express pain or discomfort). The inspector found that the residents cognitive status and how their dementia impacted

on their daily living life was documented throughout their care records. Most staff had completed training in the management of responsive behaviours and further training was scheduled.

Positive behaviour support plans were available for most residents. These included strategies to guide staff and ensure a positive approach. Where a residents pattern of behaviour had changed, the inspector saw that there was prompt referral to their General Practitioner (GP) and a review by the Psychiatry of Later Life team was organised. A medication review was completed to rule out medication interactions and ensure the resident was receiving the correct therapeutic dose. A positive behaviour plan had not yet been enacted for this resident.

An electronic care package system was used to record care plans and most of those reviewed were person centred and contained a good level of detail. Some care plans reviewed however had not been updated where a change had occurred in the residents care needs. For Example, where a resident had sustained repeated falls, the inspector found that the falls prevention care plan was not updated to reflect the increased risk.

The centre employed a part time physiotherapist who facilitated a passive exercise programme. There were comprehensive notes recorded electronically for most residents however, one resident's care record had not been updated to reflect the input of the physiotherapist. The person in charge subsequently submitted records to evidence that a review had taken place.

A restraint-free environment was promoted. Four residents had bed rails in place following a multi-disciplinary review. Consent was obtained from the resident and the inspector saw that alternative less restrictive measures such as low entry beds were tried before considering the restraint. Records confirmed that hourly safety checks were completed when bed rails were in use.

The inspector saw that maintenance contracts were in place for the fire safety equipment and assistive equipment such as hoists, low entry beds, wheelchairs and other specialist equipment. Fire safety training had been provided to all staff and regular fire evacuation drills had taken place.

Each resident had a personal emergency evacuation plan (PEEP) which detailed how they were to be evacuated and the level of assistance they required.

Regulation 10: Communication difficulties

There was no system to ensure residents with impaired hearing received a hearing test. There was no care plan developed for a resident who experienced non-verbal communication. An action has been included under regulation five to address this.

Judgment: Not compliant

Regulation 11: Visits

The inspector saw visitors coming and going during the inspection and those spoken with said that they could visit at any time and found the staff very welcoming. Residents could receive visitors in private in a visitors' room or in one of the communal areas.

Judgment: Compliant

Regulation 26: Risk management

The provider had systems in place to manage risk. The inspector reviewed the risk register which included risks identified in the regulations. The inspector saw that controls were in place to mitigate each risk and protect residents.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to use the hand sanitiser provided . There was a colour coded cleaning system in use to prevent cross contamination between different parts of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Records were available confirming regular testing and servicing of the fire fighting equipment.

There was an annual program of refresher training in fire safety.

Records confirmed that regular fire drills took place including some at night time.

Each resident had a personal emergency egress plan which outlined the method of evacuation and type of equipment required to assist each them to evacuate the building safely.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Most care plans viewed by the inspector were personalised, contained a good level of detail and were regularly reviewed following assessments completed using validated tools. Some areas for improvement were identified. One care plan had not been updated to reflect an increase falls risk. There was no care plan developed for a resident who was non verbal.

Judgment: Substantially compliant

Regulation 6: Health care

There was no regular arrangement for an audiologist to review residents.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Two staff members had not completed training on the management of responsive behaviours. One resident with recent responsive behaviours didn't a positive behaviour plan in place to guide staff and ensure a consistent approach.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector spoke with staff members who confirmed they had completed training in safeguarding . They knew what to do if there was an allegation of abuse. The provider acted as an agent for one resident. There were transparent records of all transactions.

Resident's monies handed in for safekeeping were protected by a robust system of double signatures and a checking processes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Not compliant
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Greenpark Nursing Home OSV-0000344

Inspection ID: MON-0022253

Date of inspection: 11/07/2018

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We have reviewed our staffing levels at night Following on from an extensive falls audit, we have found that there are less falls at night time than there are during the day. We have however reviewed the regularity of checks on certain residents, and have reviewed care plans for the same residents. We also have new bed alarms which connect to the nurse call system. A further falls audit will be carried out at end of October 2018	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The training matrix has been brought up to date and training in management of behaviours associated with dementia has been arranged for the month of September.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A review of all care plans and records is now underway and will be completed by September 30th. Based on the outcome of this review, staff training will take place where appropriate. Complaints records have been brought up to date to reflect lessons learned. Falls audit is now up to date	

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We have now nominated an independent person to deal with review of a complaint in the event that a resident is not satisfied with the investigation completed. Complaints records have been brought up to date to reflect lessons learned.	

Regulation 10: Communication difficulties	Not Compliant
Outline how you are going to come into compliance with Regulation 10: Communication difficulties: We have made arrangements with an audiology company who are willing to come to the Nursing Home as required. The company will do staff training, as well as following up and service of equipment. Care plan for non verbal resident now in place and review of all care plans taking place.	

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: As per regulation 21, a review of all care plans and records is now underway and will be completed by September 30th As per regulation 10, care plan for non verbal resident is now in place.	

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: We have made arrangements with an audiology company who are willing to come to the Nursing Home as required. The company will do staff training, as well as following up and service of equipment.	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Training in management of responsive behaviours is included in safeguarding training and will be rolled out again in September.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Not Compliant	Orange	27/07/18
Regulation 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	09/08/18
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/10/18
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/18
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are	Not Compliant	Yellow	30/09/18

	available for inspection by the Chief Inspector.			
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	01/08/18
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/18
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	01/08/18
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/09/18
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	30/09/18