

**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 O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	0

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.

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 Quality 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 September 2015 07:30 To: 29 September 2015 13:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant

Summary of findings from this inspection

The purpose of this inspection was to monitor aspects of care following receipt of information and to follow up on the action plans following an inspection on 17 February 2014.

The inspector attended the handover meeting between night staff and day staff and interviewed staff from both shifts. Documents such as policies, residents files and training records were reviewed. The inspector met with residents on both floors and spoke with relatives in private to ascertain their views about the service. The inspector found that the general health, wellbeing and welfare of residents were maintained to a high standard. Residents had access to evidence based nursing care and appropriate medical and allied healthcare. Residents were assessed prior to admission and nursing assessments were done on admission and reviewed on a three monthly basis or as residents condition changed. Care plans were an issue on the previous inspection and the inspector found that care plans were not consistently put in place to meet assessed needs and they generally lacked sufficient detail to support consistent care delivery. Information about the care needs of residents was communicated verbally to staff and overall, residents had positive outcomes. Appropriate information was provided when residents were transferred to acute services and measures were in place to avoid unnecessary hospital admissions.

Residents were provided with wholesome and varied diet and residents enjoyed

mealtime experiences. Residents were regularly assessed to identify those at nutritional risk. However the monitoring of weight records to identify gradual weight loss was an area for improvement. The menu had not been evaluated by a dietitian to ensure that it met the nutritional needs of residents. There was little evidence that residents had behaviours that challenge and when it did occur it was found to be well managed. A restraint free environment was promoted and the use of bed rails had reduced to 20%. There were very few complaints and verbal and written complaints were documented. However arrangements to appeal a decision following a complaint were not effective.

Suitable arrangements were in place to meet the social needs of residents in the centre and residents were supported to engage with the wider community. Residents had access to advocacy services and there were systems in place to support residents to have a voice and exercise their rights. Most of the residents had a single room and free access to a secure garden and staff respected the privacy and dignity of residents. The pace of life and the daily routine were tailored to meet the needs of the residents. Residents and relatives who met the inspector were satisfied with their lives and feedback about the staff, services provided and the standard of care was positive.

There were systems in place to ensure that all staff had mandatory training and ongoing education including infection control and dementia care. New staff described how they were mentored for a period by experienced staff. They were familiar with essential policies and were aware of the individual needs of the residents. Three of the five non-compliances from the previous inspection had been fully addressed. The contracts of care now held all the required information. The emergency plan had been appropriately amended. Storage issues had been addressed. Two action plans had been progressed but further improvements were required. The quality of written care plans required improvement. Assessments were comprehensive, however, a number of plans lacked sufficient detail to direct care. While there was a complaints process in place, the appeals process was found to be ineffective. Areas of non compliance are included in the action plan at the end of the report

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 Quality Standards for Residential Care Settings for Older People in Ireland.

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:

The provider had amended the contracts of care to include the additional services that attracted an additional cost. Contracts now included fees for a list of services such as physiotherapy, laundry, newspapers, multichannel TV and the weekly costs for the social care programme. The inspector checked the accounts of one resident who did not engage in the social care programme and found that this resident was not charged for that service.

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):

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

Findings:

The provider had fully implemented the action plan since the last inspection. The emergency plan clearly described the actions to be taken in the event of emergencies

including contaminated water and power outage. Staff interviewed knew how to respond to emergency situations. The inspector also noted that the safety improvements found on the last inspection in relation to the smoking room, storage of laundry trolleys and the storage of personal protective equipment had been sustained.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were arrangements in place to meet the health and nursing needs of residents. Comprehensive assessments were carried out but the care plans lacked sufficient detail to direct care. Residents and their families, where appropriate were involved in the assessments and the care planning process. Systems were in place to prevent unnecessary hospital admissions.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare professionals including dietetic, speech and language, physiotherapy and podiatry services. The centre also had access to the mental health of later life services, with onsite visits from the community mental health nurse. Community dental services were accessed by residents and no resident was awaiting dental care at the time of inspection.

Inspectors reviewed a number of admission assessment forms and care plans and found that assessments were appropriate but the care plans generally lacked sufficient information to guide the care of residents. This merited a judgment of moderate non compliance. Care plans were updated routinely on a three monthly basis or to reflect each resident's changing care needs.

The assessment process involved the use of validated tools to assess residents' risk of falls, nutritional status, dependency level and skin integrity. Residents and relatives who met the inspector confirmed that they had been involved with assessments and care planning. Care plans were an issue on the previous inspection and the inspector found that care plans were not consistently put in place to meet assessed needs and many care plans lacked sufficient detail to direct care. However the inspector found that

evidence based care was delivered and residents had good outcomes. This was due to a number of factors:

*The centre had only 51 residents.

*The person in charge worked full time in the centre. She was hands on and knew residents, relatives and staff well.

*Staff were consistently assigned to care teams and knew the residents well.

*Staff were closely supervised when they delivered care.

*Staff had ongoing training and education.

*The nurse manager was an appropriately qualified and experienced nurse. He was employed fulltime and communicated well with residents and staff. He had a post graduate gerontology nursing qualification and was up to date with pertinent aspects of care.

*Residents were discussed at report time and guidance about care or changes to care provision was communicated to all staff at handover.

The person in charge usually met and assessed residents prior to admission to ensure that the placement was suitable and also to ensure that all relevant information to support the resident was to hand. Discharge information from acute hospitals was also available within residents' files. Inspectors examined the files of residents who were transferred to hospital from the centre and found that appropriate information about the health, medications, nursing assessments and a copy of the entries in the resident's nursing notes for the previous five days.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Nobody was in receipt of palliative care on day of inspection. The inspector noted that the replacement of the Percutaneous Endoscopic Gastrostomy tube (PEG) and of administration of subcutaneous fluids to treat dehydration were some of the nursing interventions in place to avoid unnecessary hospital admissions. Residents were assessed for risk of malnutrition and the GP or dietician were contacted when the assessment score indicated that intervention was required. However the monitoring of the food intake of residents at risk was not formally recorded except to inform a dietetic review and residents' weights were not scrutinised sufficiently to detect unintentional, gradual weight loss.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. The inspector read the falls audit report and noted that two residents who had sustained four falls over a period of one month had no further falls following a comprehensive assessment and care plan review. A restraint free environment was promoted. The use of bedrails had reduced to 20%. Low-low beds and crash mats were used as an alternative to bedrails. Residents who requested a bedrail to promote mobility in bed were provided with one bedrail which ensured that they were not restrained in bed. Ten residents used two bedrails at night and these were monitored appropriately and reviewed on a three monthly basis.

Judgment:

Non Compliant - Moderate

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 action had been completed. A second person had been nominated to oversee that complaints were properly responded to and recorded. However the appeals process was found to be ineffective.

The centre specific complaints policy was posted in the entrance hall and in the residents guide. The policy identified the person in charge as the complaints officer. It also had contact details for the independent appeals person and the contact details for the Ombudsman's office, in the event that a person was not satisfied with the outcome of a complaint. The inspector reviewed the complaints log for the previous 12 months and found that four of the five complaints were made verbally and had been managed in line with the policy. Records included details of the action taken by the complaints officer in respect of the complaint. The administrator was the nominated person to oversee the management of complaints.

The inspector found that arrangements to appeal a decision following a complaint were not effective. The written complaint had not been resolved to the satisfaction of the complainant and had been appealed to the independent appeals person. The appeals person spoke with the inspector and confirmed that he had recently returned to work and not been available to deal with referrals for a considerable period. Consequently the appeal had not been acknowledged or managed in line with the policy.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Residents received a wholesome and varied diet that was tailored to meet individual preferences and requirements. There was a food and nutrition policy in place which was centre-specific and provided guidance to staff. Staff members spoken with by the inspector were knowledgeable regarding this policy.

Residents were assessed for nutritional risk on admission and reviewed on a three-monthly basis with a validated assessment tool. A baseline weight was recorded on admission and regularly thereafter or more frequently if a resident was identified as being at risk. Weights were recorded in the residents file on the computer; however the system did not signal an alert when a resident had a gradual unintended weight loss. For example the computerised records for a resident who was weighed monthly showed a loss of 2.7kg over a six month period. It was three weeks later when the nurse manager identified that this resident was not eating well, that action was taken and a dietician contacted to review the resident. Staff completed a record of dietary intake for three days in preparation for a dietetic review. However food intake records were not routinely maintained for residents who were at risk of poor nutrition. The action plans for these issues are included in Outcome 11. There was prompt access to medical and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. Some residents were seen on a three monthly basis and the inspector noted that specialist advice was implemented and prescribed supplements were administered appropriately.

Care for a resident with Percutaneous Endoscopic Gastrostomy (PEG) tube was of a high standard and practice was aligned to the centre's policies and procedures.

The inspector joined residents for breakfast and lunch. Meals served were hot and attractively presented. Nursing and care staff monitored the residents having their meals closely. Independence was promoted and residents, who required assistance, received this in a sensitive and appropriate manner.

Breakfast was a relaxed affair and residents took their breakfast at time of their choice. Night staff had served breakfast to a number of residents who requested it. One man told the inspector he likes to get up and have his breakfast around 5am in his bedroom. Two men were finishing their breakfast in the dining room at 8am. One said he was anxious to have his breakfast early because he had planned to go into town. The inspector also met residents who like to sleep in the morning and they had breakfast served until 11am. Residents were offered choices of tea, coffee, juices, toast, cereals and porridge. The inspector met residents for lunch which commenced at 12:30 hrs. It was social and unhurried with a menu on each table clearly indicating the choice available. Any ingredients, such as nuts, that might trigger an allergic reaction was highlighted. The menus offered soup or a cold starter, a choice of three main meals and a selection of desserts.

The inspector noted that staff offered each resident a choice before serving the course. The dining room tables were set in an attractive fashion with all required condiments, cutlery and crockery to meet the residents' individual needs. Residents requiring

modified consistency meals, such as pureed, had the same choice as other residents. All meals were attractively presented in individual portions. Residents requiring pureed food could clearly identify what they were eating as each food group was presented separately on their plate.

The quality of the food was good and the quantities reflected the residents' individual dietary requirements. All residents who spoke with the inspector were complimentary of the food provided.

The main evening meal was served at 16:30 hrs with a further supper at 19:30 hrs. Drinks and snacks were readily available throughout the day. All residents spoken with were happy with the amount and variety of food and drinks available to them throughout the day and night. Residents stated that they could request additional snacks or drinks if they were feeling hungry. Staff confirmed that they had access to the kitchen at times when catering staff were off duty. There were a number of water dispensers in the day rooms and all residents had a jug of fresh water in their rooms.

There was clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs. The inspector spoke to the catering staff who evidenced a system for ensuring special diets were made available to individual residents where required.

The food was home cooked, tasty and wholesome, however a dietician had not reviewed the menu to ensure food was healthy and met residents' nutritional needs.

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):

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in the organisation of the centre. Residents' privacy and dignity was respected, and residents were supported to make choices and be independent. There were opportunities for most of the residents to participate in activities that suited their interests. Resident who did not wish to engage in social activities or religious services had their wishes respected.

Inspectors read the minutes of residents meetings, which were attended by residents and found evidence that issues raised by the residents at these meetings were followed up by management and implemented. Plans were in progress for a SAGE advocate to chair these meeting in the future.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. They were satisfied with opportunities for religious practices, voting arrangements and freedom to move around the communal areas and unrestricted access to the secure gardens. Residents' wishes were prioritised when planning activities and excursions. There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. Residents wishes in relation to the gender of staff who provided personal care was documented and respected. The inspector noted that a number of female residents wished to have female carers and male staff were on hand to provide care to residents who preferred a male carer.

There was a variety of activities available to residents in the centre, organised and facilitated a staff member who has a social care qualification and the activities co-ordinator. The weekly activity schedule included activities arranged for the mornings and afternoons and included music, board games, arts and crafts. Residents in the first floor enjoyed sing song with local musicians before lunch on the day of inspection. Male residents who spoke with the inspector appreciated the opportunity to discuss sports with male staff. Residents were pleased to spend time with visiting dogs but they hoped that 'Bobbie' the resident dog who had recently died would soon be replaced. The physiotherapist facilitated a weekly 'Extend' exercise class and provided physiotherapy to residents who required this service. For an additional charge residents also had access to holistic therapies such as reflexology, provided by an external therapist. The activities co-ordinator also informed the inspector that 1 to 1 time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities.

Residents had opportunities for outside activities. Mobile residents had free access to a secure well maintained garden. Those who were assessed as capable to do so went to town and engaged in normal community events.

Residents received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on all bedroom, bathroom and toilet doors. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

Inspectors checked public notices and saw that residents were provided with contact information for independent advocacy services. The person in charge informed the inspectors that a trained independent advocate visited a specific resident and SAGE had recently assigned two advocates to support the residents the centre.

Overall inspectors found there were systems and fora in place to support residents with dementia and their representatives where appropriate to participate in the organisation

of the centre. Staff respected the privacy and dignity of residents. The pace of life in the centre supported staff to meet the social needs of residents and they were observed to interact socially with residents when opportunities arose.

Judgment:

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 O'Donnell
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Greenpark Nursing Home
Centre ID:	OSV-0000344
Date of inspection:	29/09/2015
Date of response:	19/10/2015

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 11: Health and Social Care Needs

Theme:

Effective care and support

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

Not all residents had a care plan in place to address an assessed need.
Overall the care plans lacked sufficient detail to guide care

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

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

Staff training on Care Plans will take place on Thursday 15th October to address this issue. Also, all care plans are currently being reviewed.

Proposed Timescale: 30/11/2015

Theme:

Effective care and support

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

*The monitoring of the food intake of residents at risk was not formally recorded except to inform a dietetic review

*Residents' weights were not scrutinised sufficiently to detect unintentional, gradual weight loss.

2. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

A meeting of nurses has taken place and all Nursing Staff have agreed to document all food intake of any resident at risk. We have also improved the touch care system to include further icons to record complete intake. For example, if a resident is given a slice of toast, we can now record if the resident has eaten the full slice, half slice, quarter slice. We have also included the types of food, eg meat, fish, veg etc.... and any snacks that are taken.

A new system is now in place to record residents' weights. This makes it easier to identify any patterns or changes with a resident's weight.

Proposed Timescale: 12/10/2015

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:

A dietician had not reviewed the menu to ensure food was healthy and met residents' nutritional needs.

3. Action Required:

Under Regulation 18(1)(c)(ii) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

A dietician is in place in Greenpark Nursing Home. She is reviewing our menus with our chef, and will include nutritional values in her report.

Proposed Timescale: 30/11/2015