



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Greenpark Nursing Home
Name of provider:	Green Park Nursing Home Limited
Address of centre:	Tullinadaly Road, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	28 May 2024
Centre ID:	OSV-0000344
Fieldwork ID:	MON-0042752

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Greenpark Nursing Home is a purpose built nursing home which was rebuilt in 2011, which can accommodate a maximum of 51 residents. It is a mixed gender facility catering for dependent persons aged over 18 years and over, providing long-term residential care, respite, dementia and palliative care needs. Care for persons with learning, physical and psychological needs can also be met within the unit. The centre is a modern two storey over basement structure with 41 single and five twin bedrooms. All bedrooms have en-suite toilet and showers. There are two day rooms, a dining room, multi-purpose room, treatment room, assisted bathroom, six communal toilets, an oratory, hairdressing room and a smoking room. The centre has a large maintained enclosed garden and bedrooms overlook this area. It is situated in the town of Tuam in Co. Galway close to the Cathedral of the Assumption and St. Mary's Church of Ireland Cathedral. The centre is registered to accommodate a maximum of 51 residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 May 2024	10:00hrs to 18:35hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, residents living in Greenpark Nursing Home were very happy living in the centre. Comments made by residents when asked about the care included "everything is tops", followed by positive comments on the service delivered. Residents had a high level of praise for the staff as individuals, and as a group.

On arrival to the centre, the inspector observed that there was a welcoming feel to the centre. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. In conversations with the residents, the inspector was told that the management had a visible presence in the centre and were available at all times. By way of example, a resident told the inspector of occasions when a member of management had brought them out shopping at their request.

The main communal dining room was occupied by residents throughout the day. Residents mobilised independently and unrestricted around the centre. The inspector observed an environment that was personable. There was beautifully manicured, well-maintained internal gardens that residents could access at all times.

While staff were observed to be busy attending to the residents care needs, they were seen to take the time to address all residents by name as they passed them in the corridor. The inspector spent time observing the dining experience. The inspector observed staff providing residents with assistance at mealtimes, the residents were not rushed. Staff were observed actively encouraging residents to finish their meals, to ensure they had taken adequate nutrition. Staff engagements were patient and kind.

The social activities calendar in the centre was important to the residents. The feedback from residents on activities held in the centre was mixed. A small number of residents told the inspector that they spent too much time in their bedrooms sitting at the bedside. No resident spoken with had brought this dissatisfaction to the attention of the management team. Residents described the variety of activities they could choose to attend. These included arts and crafts, pot planting, exercise sessions and music activities. There was a member of staff appointed to activities five days a week. In the afternoon the inspector observed a bingo session. The person facilitating the session was familiar with the residents who attended and actively encouraged all residents to join in. The activities staff were familiar with the individual care needs of the residents and were knowledgeable on residents who choose not to attend group activities. For this reason, time for one-to-one individual residents sessions was allocated daily.

While walking along the corridor, the inspector observed that a high number of residents did not have access to their call bells. The inspector was informed that multiple residents did not have capacity to utilise the call bell. This risk was known to all care staff spoken with who told the inspector that additional monitoring and

frequent checks were in place for these residents.

The inspector observed that residents were well-dressed, and residents confirmed that staff assisted them in a kind and patient way. Residents were happy with the frequency of showers.

In summary, the residents in the centre received a high quality service from a team of staff that were committed to supporting the residents to have a good quality of life. The care was person-centered. The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was well-organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. The inspector was assured that the provider was delivering appropriate direct care to residents. The inspector found that the management and oversight of record-keeping, and the supervision of staff understanding of training received, was not in full compliance with the regulations.

This was an unannounced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Greenpark Nursing Home Limited is the registered provider of the centre. The centre was registered to accommodate 51 residents. On the day of inspection, there was 48 residents living in the centre, with three vacancies. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. Within the centre, the person in charge was supported by a director of operations, administration team, two clinical nurse managers, a team of nurses, healthcare assistants and support staff. This management structure was found to be effective for the current number of residents.

The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Records reviewed by the inspector confirmed that training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention

and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety. However, the inspector found that the supervision of practices and staff understanding of the training was not effective. For example; staff responses to what action to take in the event of the sounding of the fire alarm was inconsistent and not in line with the training delivered. In addition, some responses to questions on infection prevention and control practices were incomplete and also not in line with the centres own policy.

An annual review of the quality and safety of care delivered to residents had been completed. The management team held weekly management meetings and all areas of care delivery was discussed. There was clear evidence of quality improvement initiatives in place to improve the lived experience of residents and improve quality of life. For example, a new system was in place whereby residents that required an x-ray could have this facilitated in the centre which avoided a transfer to the acute hospital services.

There was an audit schedule in place to monitor the delivery and quality of the care given. However, the inspector found that the oversight and management of records and accurate documentation was inadequate and required action to ensure full compliance with the requirements of the regulations. For example;

- the inspector found multiple examples of incidents relating to injury that required medical treatment had not been notified to the Chief Inspector
- a resident that had been admitted to the centre did not have their admission assessments completed for six days following admission
- the inspector found that resident information was not always appropriately stored
- known operational risks were not recorded and documented

The person in charge held responsibility for the review and management of complaints. At the time of inspection all logged complaints had been resolved and closed. The minutes of the meetings outlined that a number of residents voiced dissatisfaction with the morning routine. Residents had expressed that they felt staff were not spending adequate time with them. Minutes of meetings documented that this concern had been raised by residents in May 2023 and April 2024. The inspector found that this expression of dissatisfaction was not recognised by the management as a complaint and so was not logged or managed in line with the complaints policy.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. The person in charge was an experienced nurse who met the requirements of the regulations. The person in charge was known to the residents.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had received appropriate training. However, oversight of the training and understanding of this training delivered was not always understood by the staff. For example;

- staff responses on what action to take on the sounding of the alarm were inconsistent.
- Infection prevention and control practices on waste disposal, described to the inspector was not in line with the centres policy

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had not ensured that all records set out in Schedule 3 and 4 were kept in the designated centre and made available for review during the inspection. For example;

- individual assessment of need of a newly admitted resident.
- resident information was not always appropriately stored.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured that a contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. The management were organised and familiar with the systems in place to monitor the care.

Judgment: Compliant

Regulation 31: Notification of incidents

Notification of incidents, as required by Regulation 31, were not submitted to the Chief Inspector. For example; the inspector found four examples whereby the provider had failed to submit a notification relating to an injury that required medical treatment.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had not ensured that all complaints were documented and managed in line with the requirements of the regulations. For example, residents dissatisfaction with the morning routine.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents living in the designated centre received a high standard of direct care. The inspector found that the quality and safety of the services provided in this centre were of a high standard.

Residents clinical care records were maintained on an electronic record systems and staff were observed to be proficient in navigating the system. Information requested was presented without delay. A sample of residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded. In the main,

care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and malnutrition. Care plans were person-centered and guided care. Residents with specialist communication requirements had detailed care plans in place that guided care.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was clear evidence that recommendations made by allied health care professionals was implemented which had a positive impact on a resident's overall health.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Staff were available to provide discreet assistance and support to residents.

The centre was visibly clean. There was sufficient staffing to ensure that the premises were cleaned daily. The design and layout of the premises was appropriate for the current residents. Residents were provided with appropriate storage in their bedrooms for personal possessions, and were encouraged to personalise their private space with items of significance to each resident. The provider had completed a review of the premises and areas of the premises that required attention had been highlighted with plans in place to address the findings.

Residents had access to advocacy services and information regarding their rights. Residents were supported to engage in activities that aligned with their interests and capabilities. There was a number of information notice boards strategically placed along corridors. Residents' safety was supported through staff awareness of what to do in the event they had suspicions of abuse or had abuse reported to them. Residents spoken with were complimentary of the care provided by staff and reported they felt safe. This was supported by the observations of the inspector who observed a number of positive interactions between staff and residents. This was further supported by the positive comments from visitors. In addition, visitors confirmed that there were no restrictions in place with visiting their loved ones.

Regulation 10: Communication difficulties

Residents with specialist communication requirements had detailed care plans in place that guided care.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was found to be appropriate and well-maintained on the day of the inspection. There was an ongoing maintenance programme in place to ensure that the overall premises were in a good state of repair externally and internally.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. The care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professional services, as necessary. In addition, there was good evidence that recommendations were implemented.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Greenpark Nursing Home OSV-0000344

Inspection ID: MON-0042752

Date of inspection: 28/05/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff members are now more involved in the fire drills in order that they fully understand the actions that need to be taken in the event of a fire.</p> <p>Additional training in Infection prevention and control is being done and additional equipment is being installed in order to make the process easier. CNM audits have increased to ensure that all staff are complying with their IPC training. HCA supervisors are ensuring policies are being followed.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Additional training has been done and all Nurses have been reminded of the importance of carrying out full assessments and preparing a care plan as soon as possible.</p> <p>All staff are now aware of what is appropriate storage of Resident Information.</p>	
Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All notifiable incidents will be reported to HIQA within the appropriate time-frame.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The Registered Provider understands the importance of recording all complaints and is now liaising with staff to ensure that all complaints are documented in the appropriate complaints book at the time of complaint.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2024
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 available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	10/06/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	29/05/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within	Not Compliant	Yellow	29/05/2024

	3 working days of its occurrence.			
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Substantially Compliant	Yellow	30/06/2024