



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:	02 July 2021
Centre ID:	OSV-0000344
Fieldwork ID:	MON-0033448

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:	45
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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
Friday 2 July 2021	09:30hrs to 17:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector arrived just before 09:30 am. Prior to entering the centre the inspector underwent a series of infection, prevention and control measures which included temperature checks and a declaration that they were free of symptoms associated with COVID-19.

Greenpark Nursing Home is family owned and run centre which was established 30 years ago. The providers were actively involved in the day-to-day operations of the centre and were accessible to residents, families, and staff on a daily basis. Staff and management described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. Management acknowledged that the recent outbreak had been a difficult and anxious time for the residents, relatives and staff. They also expressed gratitude to the local community for their support and kindness extended to the centre during the recent outbreak.

The inspector spoke to five residents to gain a better insight of their lived experience in the centre. Overall, residents reported good quality of life in a homely environment and they were generally complimentary of the care in the centre. They said that they had plenty of choice in their daily lives. One resident told the inspector that she had regained her independence since moving to the centre over a year ago. Another resident said that he found it difficult to communicate with staff while they were wearing masks but he understood the need for them.

Residents said the COVID-19 outbreak had been very worrying but they were relieved to have got through it and recovered from the virus. The roll-out of COVID-19 vaccination had brought huge relief and hope within the centre. Residents spoke of their delight that visits to the nursing home had recommenced in line with Public Health guidelines. The inspector observed residents receiving visitors in their bedrooms in line with updated visiting guidelines. The inspector also viewed the specially designed visiting area in a marquee which was used in the earlier stages of the pandemic. This was beautifully decorated in a bright and inviting manor.

The centre was purpose built (rebuilt in 2011) and it provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Residents were accommodated in single rooms (all ensuite) on two floors. Residents had free access to the internal gardens.

Through walking around the centre, the inspector observed that there were televisions in all bedrooms and some of the residents had personalised their bedrooms with their own family photographs, ornaments and plants. Each resident had access to locked storage within their bedrooms. There was sufficient closet space, display space, and storage for personal items. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to

maintain residents' safety.

A variety of communal rooms were provided on both floors and there was lift access between floors. The centre was seen to be bright and well decorated throughout. One of the corridors had a wallpaper feature wall which provided a bright and homely feeling.

Overall, the general environment appeared clean and well maintained with few exceptions. However the inspector identified some weaknesses in infection prevention and control measures implemented at the centre to protect staff and residents against infection. For example barriers to effective hand hygiene practice were identified during the course of this inspection. Equipment appeared clean with some exceptions including three portable fans and two cleaning trolleys.

During the inspection there appeared to be adequate number of suitably qualified staff on duty to meet the dependency needs of the residents. There were a minimum of two nurses on duty on both day and night shifts. There was a relaxed atmosphere within the centre. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre in January 2021. During this outbreak A total of 78 confirmed cases had been identified (39 residents and 39 staff members) Sadly 15 residents that contracted COVID-19 had died. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak had been declared over by public health on 04 March 2021.

The early detection of this outbreak through routine staff antigen testing ensured prompt action was taken to undertake mass COVID-19 PCR screening and commence containment measures to limit the spread of infection. The centres outbreak management plan defined the arrangements that were instigated during the outbreak and management reported that this plan had worked well in practice. The centre records showed that management and staff had worked as a team during the outbreak to provide person centred care to the residents and support relatives whilst managing the outbreak and associated workload. Senior management reported that they had acted to implement the Public Health and infection prevention and control recommendations during this time.

The outbreak had been officially declared over by Public Health on 04 March 2021. A survey distributed to family members after the outbreak found high levels of

satisfaction with the management of COVID-19, levels of care and communication from the centre. An outbreak report had not been compiled however management had met to discuss the management of the outbreak had identified learnings and recommendations for the management of future potential outbreaks. The outbreak management plan had recently been updated in light of the threats posed by the more transmissible SARS-CoV-2 delta variant.

The inspector found that there was a clearly defined management structure with identified lines of accountability and responsibility for the centre. The centre was adequately resourced and mostly compliant with the regulations. Adequate management arrangements were in place to support the day to day operation of the centre. The centre was provided over two floors, and staff were divided into teams and included nursing staff and health care assistants. There were also household staff, and kitchen staff in sufficient numbers to meet the resident's needs.

Weekly management meetings were held and records showed that the agenda followed the regulations in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). An annual review had been completed for 2020 using HIQA's Regulation 23 annual review template however this lacked detail and required improvements to fully reflect both quality improvement initiatives and challenges experienced in the centre during 2020.

There was a programme of audits carried out at regular intervals to monitor the quality and safety of care delivered to residents. Audits covered a range of topics including but not limited to infection prevention and control, nutrition, falls and restrictive practice.

A link-nurse program had recently been established to support infection prevention and control practices within the centre. The link nurse demonstrated a commitment and enthusiasm for the role and informed the inspector that she was planning to undertake infection prevention and control audits including an audit of hand hygiene facilities.

Managers and staff had access to the current Health Protection and Surveillance Centre (HPSC) guidelines. A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. However the training programme had fallen behind schedule due to the COVID-19 pandemic.

There was a policy in place to manage complaints, and residents reported that they knew who to complain to if they needed to and were empowered to do so. A summary of the complaints procedure was displayed prominently at the centre's reception area. However complaints were not consistently recorded in line with the requirements set out in the regulations and more formal structures were required in the documentation and management of complaints received.

The findings in relation to the capacity and capability of the governance structures and processes are further discussed under the relevant regulations in the next

section of the report.

Regulation 15: Staffing

Based on a review of the staff roster and the observations of the inspector the number and skill mix of staff was appropriate to meet the needs of the residents on the day of inspection. The roster was seen and this corresponded with the information supplied by the person in charge. Residents were seen to be getting up at a time that suited them, with appropriate support being provided in the morning, and call bells were answered quickly.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role.

The COVID-19 pandemic had interrupted the training programme and as a result, the training programme had fallen behind schedule. Records reviewed found gaps in mandatory manual handling training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with statutory requirements and detailed the relevant information in respect of each resident.

Judgment: Compliant

Regulation 23: Governance and management

While it was evident that care was delivered to a high standard, some improvements were required to ensure full compliance with Regulation 23.

- Improvements were required in the management of complaints as highlighted

- under regulation 34.
- A review of the management of the outbreak had also been completed and included lessons learned to ensure preparedness for any further outbreaks however this had not been formalised and shared with staff.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log in which three complaints were recorded and investigated in the past 18 months.

However the complaints procedure was not effectively managed to ensure that all complaints were appropriately recorded and that appropriate records were maintained. For example one piece of unsolicited information was received by HIQA highlighting a potentially ineffective complaints procedure. This was followed up at the time and on inspection and the inspector found that this had not been recorded in the complaints log by the provider. In addition measures put in place for improvement in response to a complaint were not always documented. A record of the complainant being informed of the outcome was not documented.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were available on inspection and had been reviewed in 2019 in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The centre experienced an extensive outbreak of COVID-19 in January 2021. While it may be impossible to prevent all outbreaks, careful management can mitigate spread of infection and limit the impact of outbreaks on the delivery of care. The inspector identified some examples of good practice in the management of COVID-19. A range of infection prevention and control strategies were implemented to manage and control the outbreak. These included but were not limited to:

- implementation of transmission based precautions for residents where

required

- allocation of dedicated staff to care for residents with confirmed COVID-19
- increased cleaning and disinfection within the centre
- allocation of staff to four zones within the centre to have as little interactions between the different groups of staff as possible

However despite local infection control efforts the outbreak was prolonged and continued to 04th March 2021. A total of 78 confirmed cases had been identified (39 residents and 39 staff members) Sadly 15 residents that contracted COVID-19 had died.

The inspector identified some weaknesses in infection prevention and control measures implemented at the centre on the day of the inspection. For example the inspector observed inconsistencies in the use of personal protective equipment (PPE) by staff during the course of the inspection. Alcohol-based hand rub was available at key points of care in the centre, however facilities for and access to staff hand wash sinks in the centre required review.

Overall, the inspector found that residents' care needs were generally being met. Care plans were written on an electronic system and were accessible to the inspector. The care planning was supported by assessments which were completed using a range of validated tools. Based on a sample reviewed, care plans were seen to be personalised and provided good guidance on the care to be delivered to the of residents. The nursing notes were person centred and included details of residents' medical and social needs.

Residents had good access to medical care and residents' general practitioners (GP) visited the centre on a regular basis. GPs were available via telephone during the January outbreak of COVID-19. The inspector was informed that residents had been reviewed by their GP following the outbreak and this was confirmed from a sample of residents notes reviewed. A consultant geriatrician had also provided advice and support throughout the outbreak.

The inspector found that resident's weight changes were well managed. All residents were weighed monthly. Wound care practices were evidence based and documented appropriately.

The inspector was informed that there was a focus on Activity Focused Care within the centre. There was also a range of stimulating and engaging activities that provided opportunities for socialisation and recreation including fit for life exercise activity, arts and crafts, bingo and aromatherapy. A number of residents had resumed social and recreational outings with family members. The activity schedule was informed by the interests and activity preferences of the residents. The Director and Social Care had excellent knowledge of each resident and promoted a person centred and human rights-based approach to care and support within the centre.

There were no restrictions on resident's movements within the centre. There was a variety of formal and informal methods of communication between the management team and residents including conversations and the resident's council meeting.

The registered provider had ensured that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities).

Regulation 11: Visits

Managers and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance that was implemented on the 04 May 2021.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy set out the risks identified in schedule 5. There were appropriate arrangements in place in relation to the management of risks in the centre. Incidents, primarily slips trips and falls, were tracked and trended to facilitate the identification of areas for improvement.

Judgment: Compliant

Regulation 27: Infection control

A number of issues that had the potential to impact on infection prevention and control measures were identified during the course of the inspection. For example:

- There was a limited number of dedicated clinical hand wash sinks in the centre. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand hygiene sinks. Antimicrobial soap (chlorhexidine) was also available at hand hygiene sinks at a nurse's station and in the treatment room. This is associated with skin care issues and it is no longer recommended for use in everyday clinical practice.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of hoists in an assisted bathroom. Several packets of incontinence wear were observed in the assisted bath in this room. Cleaning equipment and supplies were inappropriately stored within the dirty utility room.
- Both cleaning trolleys required more detailed cleaning in crevices to ensure that equipment used for cleaning should not contribute to dispersal of dust or micro-organisms.

- The inspector observed that personal protective equipment such as gloves were used inappropriately by staff during the course of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed on admission and these were regularly reviewed throughout the residents' stay in the centre. A new care plan called "My Care Plan" had been introduced as a way to get to know the resident, their social history and their preferences, dislikes and preferred lifestyle. Care plans viewed were generally personalised, and sufficiently detailed to direct care.

Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs such as their risk of falling, malnutrition, pressure related skin damage and mobility assessments among others. These assessments informed the care plans developed to meet each resident's assessed needs.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' overall healthcare needs were met, and that they had access to appropriate medical and allied healthcare services including physiotherapy, occupational therapy, speech and language therapy, dietician, palliative care and psychiatry of later life. The physiotherapist visited the nursing home twice a week for group work and one to one therapy. There was evidence of regular review by GPs from five local GP practices.

There was evidence that resident's weight changes were well managed. Wound care practices were evidence based and documented appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

Residents confirmed that there was no restriction in relation to where or how they spent their day. One resident confirmed that she was empowered to exercise rights, achieve personal goals and remain connected to the community.

The inspector noted that staff were respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection.

The activities programme was reviewed during the outbreak and the activities programme changed to facilitate one-to-one socialisation.

The bimonthly resident's council meetings had been postponed during 2020 but had resumed in May 2021. These meetings were facilitated by the resident's independent advocate.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenpark Nursing Home OSV-0000344

Inspection ID: MON-0033448

Date of inspection: 02/07/2021

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>The Covid-19 Pandemic had an impact on our training and not everyone had completed online training. However, ALL staff had completed in-house hoist training. All staff have now brought their on-line training up to date.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> As discussed at our end of inspection meeting, most issues are dealt with in an informal manner. However, it has been agreed that ALL complaints/issues will now be formalized. Our failure has been in our lack of documentation of informal complaints. We have always documented the formal/obvious complaints. Our weekly QMS meeting will now put a focus on this. Our preparedness plan is in our Covid-19 folder and all staff have been reminded to read this. We have decided not to send a hard copy to all staff members for GDPR reasons 	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>As discussed at our end of inspection meeting, most issues are dealt with in an informal manner. However, it has been agreed that ALL complaints/issues will now be formalized. Our failure has been in our lack of documentation of informal complaints. We have always documented the formal/obvious complaints. Our weekly QMS meeting will now put a focus on this.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Additional sinks are now being dedicated to hand hygiene and the taps are being upgraded on others. Regular soap is now being used in line with new IPC guidelines. On the day of inspection, hibiscrub was available. New guidelines around hand hygiene are now being followed. 2. Equipment has been returned to its normal storage areas. 3. Cleaning trollies have been formally added to the cleaning schedule and some have been replaced. 4. Staff have been retrained on the appropriate use of PPE. On the day of inspection, 1 staff member mistakenly thought she should be wearing gloves at all times and informed another, new and inexperienced staff member to do the same. This is highly frustrating for us as all staff have had extensive training in the appropriate use of PPE. On any other day, a staff member would not be seen wearing gloves on the corridor. 	

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Substantially Compliant	Yellow	31/08/2021

	staff.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/07/2021
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	31/07/2021