



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Green Isle
Establishment ID No: 10714
Date of Inspection: 18 June 2014
Inspector's Name: Priscilla Clayton
Inspection No: 17566

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Green Isle Residential Home
Address:	17A New Harbour Road Portavogie BT22 1EE
Telephone Number:	(028) 42772644
E mail Address:	greenisle@btconnect.com
Registered Organisation/ Registered Provider:	Mr Keith Coffey Mrs Linda Coffey Mr Hugh Coffey
Registered Manager:	Mr Keith Coffey
Person in Charge of the home at the time of Inspection:	Mr Keith Coffey
Categories of Care:	RC- I. RC- DE
Number of Registered Places:	9
Number of Residents Accommodated on Day of Inspection:	8
Scale of Charges (per week):	£437 - £467
Date and type of previous inspection:	30 May 2013 (Unannounced Primary Inspection)
Date and time of inspection:	18 June 2014 (12.45 – 16.30pm)
Name of Inspector:	Priscilla Clayton

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

2.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

3.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

4.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 23 (Staff training and development)

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

5.0 PROFILE OF SERVICE

Green Isle Residential Home is a purpose built two storey residential home situated in the town of Portavogie in County Down. The home is close to the fishing harbour and allows unrestricted views of the sea and 'Green Isle', a small inshore island, from the rear widows and garden.

The home is designed to accommodate nine elderly residents (R-I) including those with dementia (DE). Bedrooms are single with en-suite rooms.

The ground floor provides a spacious entrance area, overlooked by reception/office area, a large open plan living and dining room, with a sunroom attached, a large kitchen area, bedrooms and shower/toilet room. The dining area opens out onto a paved patio area, bordered by lawns.

The first floor provides a further seven bedrooms four of which have sea views. Fully equipped bathroom and separate staff room facilities are also located on this floor.

The home is registered as a limited company. Mr Keith Coffey is the named registered provider and registered manager.

There is car parking available at the front of the building.

6.0 SUMMARY

This secondary unannounced care inspection of Green Isle Residential Home was undertaken by Priscilla Clayton on 18 June 2014 between the hours of 12.45pm and 4.00 pm. Mr Keith Coffey, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The previous care inspection undertaken on 20 May 2014 resulted in six recommendations being made. Five of the six recommendations had been addressed. One recommendation relating to residents views on new staff appointments was reiterated for the second time.

The focus of this unannounced inspection was on Standard 23 (staff training and development). Evidence utilised to validate compliance with the standard included discussion with the manager, residents, staff and examination of associated documentation. The home was found to be compliant with six of the eight criteria. Recommendations made for improvement related to ensuring staff signatures are obtained when training is provided and the facilitation of staff training in the Qualification and Credit framework (QCF)

A number of additional areas examined included the management arrangements, staffing levels, accidents / incidents, complaints and visits by the registered provider. Further details can be found in section 8 of this report.

During the inspection the inspector met with all residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Comments received from residents are included in section 8 in the report.

Staff who spoke with the inspector indicated that they were supported in their respective roles, satisfied with relevant resources and training to undertake their respective duties

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard. All residents' bedrooms were individualised with items of personal memorabilia displayed.

Four recommendations were made as a result of this secondary unannounced inspection, details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

7.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 19.2	<p>Application Forms</p> <p>Ensure the new job application forms developed are used so that full employment histories can be recorded by the applicant.</p>	Examination of one application received verified that full details were recorded by the applicant.	Compliant
2	(Record maintenance) Additional Matters	<p>Care plans</p> <p>The manager is to ensure that staff does not leave gaps between recorded entries in the daily evaluation records.</p>	Examination of three randomly selected care plans evidenced that evaluation records were being documented in accordance with this recommendation.	Compliant
3	Standard 19.4	<p>Terms and conditions</p> <p>Terms and conditions are to be issued to all new appointments.</p>	Terms and conditions are being issued to new staff appointed.	Compliant
4	Standard 19.6	<p>Resident views / involvement</p> <p>As indicated by the manager, ensure residents are consulted about the qualities they would wish to see in new staff appointed. A record of same to be retained for interviewing purposes.</p>	<p>The manager stated that this recommendation had not been fully addressed and would be discussed at the next residents' meeting.</p> <p>This recommendation has been reiterated for a second time.</p>	Not compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Additional matters	<p>Annual Quality Report</p> <p>As discussed the manager is to resubmit the revised annual quality report to RQIA with the return of the Quality Improvement Plan.</p>	The annual quality report was submitted to RQIA as requested.	Compliant
2	Standard 16.9 Mandatory Staff Training Guidelines (2012-13)	<p>Annual refresher training</p> <p>As discussed annual refresher in mandatory training to be provided as recommended by RQIA.</p>	Mandatory training is on-going with records retained.	Compliant

STANDARD 23 - STAFF TRAINING AND DEVELOPMENT
Staff are trained for their roles and responsibilities.

<p>Criterion Assessed: 23.1 Staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The manager and staff member on duty confirmed that an induction programme was undertaken. Examination of induction programme verified compliance with this criterion.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 23.2 The registered manager requires newly appointed staff to provide evidence of training most recently undertaken that fulfils mandatory training requirements.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The manager and staff confirmed that evidence of training would be requested and provided, however training is also provided by the home.</p>	<p align="center">Compliant</p>

STANDARD 23 - STAFF TRAINING AND DEVELOPMENT
Staff are trained for their roles and responsibilities.

<p>Criterion Assessed: 23.3 Mandatory training requirements are met.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Examination of staff mandatory training records evidenced that training is on-going. Training in manual handling is provided on- line. The manager confirmed that the practical aspects of training was being provided by a commissioned trainer. Staff confirmed they received mandatory training as recorded.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 23.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The manager confirmed that training was provided in accordance with RQIA Mandatory Training Guidelines. Additionally staff training needs would be identified through staff supervision, appraisal and as a result of any specific incidents.</p>	<p align="center">Compliant</p>

STANDARD 23 - STAFF TRAINING AND DEVELOPMENT
Staff are trained for their roles and responsibilities.

<p>Criterion Assessed: 23.5 The registered manager is aware of DHSSPS strategic targets for the training of, and attainment of NVQ qualifications by, care assistants.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The manager demonstrated awareness of DHSSPS strategic targets relating to NVQ / QCF training for care assistants. Three of the staff holds qualifications in NVQ. One recommendation was made in respect of this training for other untrained care staff.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 23.6 A record is kept in the home of all training, including induction and professional development activities undertaken by staff. The record includes: -</p> <ul style="list-style-type: none"> <input type="checkbox"/> The names and signatures of those attending the training event <input type="checkbox"/> The date(s) of the training <input type="checkbox"/> The name and qualification of the trainer or the training agency <input type="checkbox"/> Content of the training programme. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Records of staff training were examined. The dates of training, and name / qualification of trainer are retained. One recommendation made related to ensuring the signatures of staff who attend training are obtained.</p>	<p align="center">Substantially compliant</p>

STANDARD 23 - STAFF TRAINING AND DEVELOPMENT
Staff are trained for their roles and responsibilities.

<p>Criterion Assessed: 23.7 There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the organisation.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The home retains a written staff training matrix which is reviewed and updated as necessary. Aims and objectives of the organisation in respect of individual staff training are reflected in each training session.</p> <p>The manager confirmed that training is given high priority.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 23.8 The effect of training on practice and procedures is evaluated as part of quality improvement.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The manager confirmed that the effectiveness of training is evaluated through supervision and direct care provided to residents.</p>	<p align="center">Compliant</p>

ADDITIONAL AREAS EXAMINED

8.1 Management arrangements

Keith Coffey is the registered manager and registered provider of the home and is supported in his role by Linda and Hugh Coffey, registered providers.

There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.

At operational level support is provided by a mixed skill care team and ancillary staff.

Identified senior staff is in charge of the home when the manager is off duty. The manager confirmed that "acting up" care staff has had competency and capability assessments undertaken with records retained.

The manager continues to undertake QCF Level 5 in management and is hoping to complete this within one year.

8.2 Residents

The inspector met with all residents accommodated, some in group format and others individually. All residents were appropriately clothed and spoke freely with the inspector and described their care as good. Comments included:

- "I have been here a long time and this is my home and I have a lovely room, all I need"
- "Food is good, plenty to eat and a good choice, the cook is kind"
- " Staff are always very good, they are always here when we need them and they see to everything, just great"

8.3 Staffing

The manager confirmed that staffing levels were satisfactory for the number and dependency levels of residents accommodated at the time of inspection.

Examination of the staff duty roster evidenced the following staff on duty:

- Manager
- Care assistants x 1
- Cook x1

House hold tasks are not undertaken by care staff.

The manager confirmed that permanent staff would always willing work additional hours to cover staff leave and agency staff are not commissioned to work in the home at present.

The staff duty roster was being maintained in accordance with Regulation 19 (2) Sch 4. 7.

One recommendation made relates to establishing a staff register of all staff employed.

8.4 Accidents / Incidents

Examination of accidents / Incident records showed that these were being recorded. Cross referencing of records retained with notifications submitted to RQIA was undertaken. Notifications were being submitted as required under Regulation 30 of The Residential Care Homes Regulations (2005) showed compliance. Three incidents discussed with the manager evidenced that these were appropriately managed.

8.5 Complaints

Examination of records retained showed that no complaints had been received since the last inspection.

8.6 Environment

An inspection of the home was undertaken. All areas were observed to be clean, tidy and fresh smelling throughout. A good standard of furnishing and decoration was being maintained

Fire doors were closed and fire exits unobstructed. Staff training in fire awareness is provided twice yearly.

No visual evidence of any health and safety issues was observed.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Keith Coffey, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Green Isle

18 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager at the conclusion of the inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 23.6	<p><u>Training</u></p> <p>It is recommended that staff signatures are obtained when training takes place.</p>	One	Due a change in training providers recently staff signatures lists are to be updated and this will be carried out immediately.	All further training provided
2	Standard 19.9	<p><u>Resident views / involvement</u></p> <p>As indicated by the manager, ensure residents are consulted about the qualities they would wish to see in new staff appointed. A record of same to be retained for interviewing purposes.</p> <p>(Reiterated recommendation)</p>	Two	Further direction was sought from the inspector on how best to carry this recommendation out. This will now be included in our residents meetings and recorded on the minutes to be taken into consideration when interviewing new staff members.	30 July 2014
3	Standard 23.5	<p><u>Qualification NVQ/QCF</u></p> <p>In accordance with DHSSPS strategic targets arrangements should be made for staff to undertake training in NVQ or QCF.</p>	One	Staff will be offered the opportunity to undertake these training courses. Details will be made available for courses beginning in September.	30 September 2014
4		<p><u>Staff register</u></p> <p>One recommendation made relates to establishing a register of all staff employed.</p> <p>Ref Section 8.3</p>	One	A staff register is held on computer with all necessary details recorded. A hard copy can be printed at any time as this is kept up to date on a weekly basis by administration staff.	30 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Keith Coffey
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Keith Coffey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	28 July 2014
Further information requested from provider			