

# Inspection Report

## 10 September 2021



## Green Isle

Type of service: Residential Care Home  
Address: 17a New Harbour Road, Portavogie, Newtownards, BT22 1EE  
Telephone number: 028 4277 2644

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Green Isle Residential Home Ltd  <b>Responsible Individual:</b> Mrs Linda Coffey, Acting	<b>Registered Manager:</b> Mrs Caroline Cully, registration pending
<b>Person in charge at the time of inspection:</b> Mrs Caroline Cully	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category DE – dementia	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 6
<b>Brief description of the accommodation/how the service operates:</b>  This is a residential care home which is registered to provide care for up to nine residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 September 2021 from 10.50am to 2.55pm. The inspection was carried out by a pharmacist inspector.

This inspection focused on medicines management within the home.

The inspection also assessed progress with any areas for improvement identified since the last care and medicines management inspections.

Improvement was required in some areas of medicines management. Robust systems were not in place for the management of medicines on admission and medication changes, the management of controlled drugs, record keeping, training and the audit and governance systems.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure

compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence.

To complete the inspection a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

#### 4.0 What people told us about the service

We met with the manager of the home. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. Residents were observed to be relaxing in the lounges.

The manager expressed satisfaction with the staff team and said that they had the appropriate training to look after residents and meet their needs.

In order to reduce footfall throughout the home, the inspector did not meet with any residents. Feedback methods included a staff poster and paper questionnaires which were provided to the staff for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report no responses had been received.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 25 May 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b) Schedule 2	The responsible person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing	<b>Carried forward to the next inspection</b>

<b>Stated:</b> First time	<p>employment.</p> <p>This refers specifically to documentary evidence of pre-employment vetting by completion of the AccessNI process and the obtaining of suitable references.</p> <p>The manager advised that there had been no new recruits since that last inspection.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time	<p>The responsible person shall ensure that competency and capability assessments for staff in charge of the home are sufficiently comprehensive; the responsible person shall also ensure that such assessments are reviewed on a regular basis.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (d)  <b>Stated:</b> First time	<p>The responsible person shall ensure that suitable arrangements are in place which ensure that the fire alarm is tested at suitable intervals.</p> <p><b>Action taken as confirmed during the inspection:</b> The fire alarm was tested weekly every Thursday. Records were available for inspection.</p>	<b>Met</b>
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)</b>		<b>Validation of compliance summary</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 25.3 & 25.6  <b>Stated:</b> First time	<p>The responsible person shall ensure the staff duty rota includes the following:</p> <ul style="list-style-type: none"> <li>• the capacity in which staff work</li> <li>• staff members' working hours</li> <li>• the identity of the person in charge of the home when the manager is not on duty.</li> </ul>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Review of the staff duty rotas evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The responsible person shall ensure that the management of diabetes is recorded in greater detail in the care plan of an identified resident and that a risk assessment is completed for this aspect of the resident's care.  <b>Action taken as confirmed during the inspection:</b> A risk assessment and care plan were in place for the identified resident. The manager advised that staff had recently completed training on the management of diabetes.	<b>Met</b>

The last medicines management inspection of the home was undertaken on 12 October 2017; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were not up to date with the most recent prescription. Recently prescribed medicines had not been accurately recorded and a number of discontinued medicines had not been cancelled from the record. Two members of staff had not verified and signed updates on the personal medication records to ensure accuracy.

If personal medication records are not accurate this could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process. This was discussed in detail with the manager who advised that all personal medication records would be re-written following the inspection and that the standard of maintenance would be monitored through the audit process. An area for improvement was identified.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and records of administration were maintained. However, care plans directing the use of these medicines were not in place and the reason for and outcome of each administration were not recorded. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. One care plan required to be written and it was agreed that this would be actioned immediately after the inspection.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. The manager advised that staff had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. However, records of medicines received into the home had not been maintained. This is necessary to provide a clear audit trail. An area for improvement was identified.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Spacer devices for inhalers needed to be washed or replaced as they had a build-up of residue inside the chamber. The manager advised that the inhaler spacer devices would be replaced and that a regular cleaning schedule would be implemented.

A review of the daily records for monitoring the medicine refrigerator temperature indicated that only the current temperature was monitored.



The maximum, minimum and current temperature should be monitored and the thermometer reset each day in order to ensure medicines are stored at the required temperature at all times. The temperature should be maintained between 2°C and 8°C. It was agreed that a new thermometer would be made available and that staff would receive training on how to monitor the refrigerator temperature. (See Section 5.2.6)

Satisfactory systems were in place for the disposal of medicines.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. Most of the records were found to have been fully and accurately completed. The manager was reminded that the actual dose administered should be recorded when medicines are prescribed at a variable dose and that any hand-written updates should be verified and signed by two members of staff to ensure accuracy. It was agreed that this would be monitored as part of the audit process.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. A controlled drug record book was in place to record the receipt, administration and disposal of controlled drugs. A review of the record book indicated that it had not been accurately maintained and that some entries had been scored out. In addition, controlled drugs balance checks were not completed at each shift change. The management of controlled drugs was discussed in detail with the manager. An area for improvement was identified.

Staff audited the administration of medicines following each administration. The audits completed at the inspection indicated that the majority of medicines were administered as prescribed. Minor discrepancies were discussed with the manager. However, the findings of this inspection in relation to the management of medicines on admission and medication changes, the management of controlled drugs, the cold storage of medicines and record keeping indicate that a more robust audit system is necessary in order to identify issues and drive the necessary improvements. An area for improvement was identified.

### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The management of medicines for a small number of residents who had a recent hospital stay and were discharged back to this home was reviewed.

Hospital discharge letters had been received and a copy had been forwarded to the residents' GPs. However, residents' personal medication records had not been updated accurately to reflect the medication changes which had been initiated during the hospital stays. Medicines had not been accurately received into the home. With the exception of one error (which had occurred on the day of the inspection) the medicines had been administered in accordance with the most recent directions. The management of medicines on admission/re-admission to the home should be reviewed and revised to ensure that:

- the personal medication records are accurately updated by two members of staff
- hand-written updates on the medication administration records are checked and signed by two members of staff to ensure accuracy
- medicines are accurately received into the home
- medicines are administered in accordance with the most recent directions

An area for improvement was identified.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

Only one medication related incident had been reported to RQIA since the last medicines management inspection. The current auditing system may not be effective in identifying medication related incidents. The identification and management of medication incidents was discussed with the manager.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff use.

Staff in the home had received training on the management of medicines from the community pharmacist and on-line within the last year. Competencies had been assessed following this training.

The outcomes of this inspection indicated that further training and competency assessment is necessary in relation to:

- the management of medicines on admission to the home and medication changes
- the standard of record keeping in relation to records of prescribing, administration and receipt
- record keeping in relation to controlled drugs



- record keeping in relation to distressed reactions
- accurately monitoring the refrigerator temperature

An area for improvement was identified.

## 6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management. Areas for improvement were identified in relation to the management of medicines on admission and medication changes, the management of controlled drugs, record keeping, training and the audit and governance system. Whilst we identified areas for improvement, we can conclude that overall, with the exception of a small number of medicines, the residents were being administered their medicines as prescribed.

Detailed feedback was provided to the manager on the day of the inspection and following discussion of the inspection findings with the senior pharmacist inspector, it was agreed that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

We would like to thank the residents and staff for their assistance throughout the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	2

\* the total number of areas for improvement includes two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Caroline Cully, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b) Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (25 May 2021)	<p>The responsible person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>This refers specifically to documentary evidence of pre-employment vetting by completion of the AccessNI process and the obtaining of suitable references.</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2021	<p>The responsible person shall ensure that competency and capability assessments for staff in charge of the home are sufficiently comprehensive; the responsible person shall also ensure that such assessments are reviewed on a regular basis.</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection (10 September 2021)	<p>The registered person shall ensure that the personal medication records are accurate and up to date.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The responsible person has now put a weekly review in place to make sure that all medication records are accurate and up to date daily. All medication staff have been made aware of this and are adhering to it. All residents records were renewed and made up to date, giving a kardex for medication, lotions and creand and one for antibiotics to help keeping records easy and clear to read.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection (10 September 2021)</p>	<p>The registered person shall ensure that records of medicines received into the home are accurately maintained.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have recently had their supervisions and it was highlighted in it the importance of keeping the records clear and maintained at all times, to allow easy reading and clear concise records. It is also reviewed weekly.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2021</p>	<p>The registered person shall ensure that staff receive further training and competency assessment on the management of medicines as detailed in the report.</p> <p>Ref: 5.2.2 &amp; 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have their competency assessments complete and have their medication training up to date. I have made sure the CD records are accurate and also well maintained, this is reviewed weekly.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection (10 September 2021)</p>	<p>The registered person shall review and revise the management of controlled drugs to ensure that records are accurately maintained and that balances are checked at each handover of responsibility.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> <b>The controlled drugs record book is well maintained and records accurate and reviewed weekly by the medication staff. All balances are checked at the end of each handover</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection (10 September 2021)</p>	<p>The registered person shall review and revise the management of medicines changes and on admission to the home.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Any new residents are documented correctly and reviewed and revised if there are any changes to their medication. This is also reviewed weekly to maintain good practice.</p>

<b>Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection (10 September 2021)	The registered person shall review and revise the management of distressed reactions as detailed in the report.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> I review and revise if residents get distressed and at times need medication to help manage the distress. The care plans will now be kept up to date and all records put in. The outcome will be recorded to help us as staff give clear records of giving the medication and identifying the trigger.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 10 October 2021	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> I now do a weekly audit and it clearly highlights any issues and can be dealt with immediately. An action plan can be put in place and dealt with in a timely manner to be addressed.

***\*Please ensure this document is completed in full and returned via the Web Portal\****



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