Inspection Report
31 January 2022

Green Isle

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Green Isle Residential Home Ltd **Responsible Individual:** Mrs Lesley Ann Coffey (Acting)	**Registered Manager and date registered:** Mrs Caroline Cully, registration pending
Person in charge at the time of inspection: Ms Caroline Cully	**Number of registered places:** 9
Categories of care: Residential Care (RC): I – old age not falling within any other category DE – dementia	**Total number of residents in the residential care home on the day of this inspection:** 8
Brief description of the accommodation/how the service operates: This is a residential care home registered to provide care for up to nine residents.	

2.0 Inspection summary

An unannounced inspection took place on 31 January 2022 from 10.30 am to 3.00pm. The inspection was carried out by a pharmacist inspector.

This inspection focused on medicines management and assessed progress with the areas for improvement identified at the last medicines management inspection on 10 September 2021. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The findings of the last medicines management inspection indicated that robust arrangements were not in place for all aspects of medicines management. Following the inspection the issues were discussed with the senior pharmacist inspector (RQIA) and it was decided that the home would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to monitor progess.

At this inspection, it was clear that the areas identified for improvement had not been addressed. The areas identified for improvement included: record keeping; the management of controlled drugs; the management of medication changes and medicines on admission to the home; staff training and competency assessment and the governance and auditing systems in the home.

Based on the inspection findings and discussions held, RQIA were not satisfied that this service was providing safe and effective care and that the service was well led by the management team with respect to medicines management.

Following this inspection, the findings were discussed with the senior pharmacist inspector. As a consequence of the lack of progress in addressing the issues RQIA invited the responsible person (acting) from Green Isle to attend a serious concerns meeting on 8 February 2022.

The meeting was attended virtually by Mrs Lesley Ann Coffey, Responsible Person (Acting), and Mrs Caroline Cully, Manager. At the meeting, an action plan which detailed an account of the actions that had been taken to date was provided. The arrangements that had been made to ensure the improvements required to achieve full compliance with the regulations were discussed. RQIA accepted the action plan and assurances provided by the responsible person (acting). The importance of achieving and sustaining the required improvements was emphasised.

RQIA will continue to monitor and review the quality of service provided in Green Isle and will carry out a further inspection to assess compliance.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

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

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, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines were reviewed.

During the inspection the inspector:

- 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

The inspector met with the manager and responsible person. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

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

5.0 The inspection

5.0 What has this home done to meet any areas for improvement identified at the last medicines management inspection on 10 September 2021

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 21 (1) (b) Schedule 2 **Stated:** First time	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. This refers specifically to documentary evidence of pre-employment vetting by completion of the AccessNI process and the obtaining of suitable references.	**Carried forward for review at the next inspection**
	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.	
Area for Improvement 2 **Ref:** Regulation 20 (3) **Stated:** First time	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.	**Carried forward for review at the next inspection**
	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.	

Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that the personal medication records are accurate and up to date.	**Not met**
	Action taken as confirmed during the inspection: Personal medication records were not accurate and up to date. This area for improvement was not met and is stated for a second time. **See Section 5.2.1**	
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that records of medicines received into the home are accurately maintained.	**Partially Met**
	Action taken as confirmed during the inspection: These records had not been maintained for newly prescribed medicines and for new admissions to the home. This area for improvement was assessed as partially met and is stated for a second time. **See Section 5.2.2**	
Area for improvement 5 **Ref:** Regulation 20 (1) **Stated:** First time	The registered person shall ensure that staff receive further training and competency assessment on the management of medicines as detailed in the report.	**Partially Met**
	Action taken as confirmed during the inspection: Training had been provided and competencies had been re-assessed. However, this had not been effective in delivering the necessary improvements. This area for improvement was assessed as partially met and is stated for a second time. **See Section 5.2.3**	

Area for improvement 6 **Ref:** Regulation 13 (4) **Stated:** First time	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.	**Not met**
	Action taken as confirmed during the inspection: Records had not been maintained to the required standard. This area for improvement was not met and is stated for a second time. **See Section 5.2.4**	
Area for improvement 7 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall review and revise the management of medicines changes and on admission to the home.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was assessed as not met and is stated for a second time. **See Sections 5.2.1 & 5.2.5**	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time	The registered person shall review and revise the management of distressed reactions as detailed in the report.	**Carried forward for review at the next inspection**
	Action taken as confirmed during the inspection: Medicines for the management of distressed reactions were not currently prescribed. This area for improvement was carried forward for review at the next inspection.	
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time	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.	

	Action taken as confirmed during the inspection: There was no evidence that the management and administration of medicines was audited. This area for improvement is subsumed into an area for improvement under the regulations. **See Section 5.2.6**	

5.2 Inspection findings

5.2.1 Personal medication records

A personal medication record (kardex) is used to list all of the medicines prescribed for a resident, with details of how and when the medicines 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 inspector reviewed the management of medicines for eight residents. For one resident, the personal medication record could not be found. Staff advised that it had been in place but was mislaid. As identified at the last inspection, the personal medication records reviewed at the inspection were not up to date with the most recent prescription. Recently prescribed medicines, including antibiotics, 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 all updates on the personal medication records to ensure accuracy. In addition the date of prescribing had not been recorded for several medicines.

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 and responsible person who advised that all personal medication records would be reviewed following the inspection and that the standard of maintenance would be monitored through the audit process.

This area for improvement was stated for the second time.

5.2.2 Records of medicines received into the home

The records inspected showed that medicines were available for administration when residents required them.

At the last inspection records of medicines received into the home were not maintained. At this inspection there was evidence that records of receipt of the monthly medicine order were maintained. However, records of medicines received on admission to the home and newly prescribed medicines, for example antibiotics, were not maintained. This is necessary to provide a clear audit trail to show that medicines have been received into the home in a timely manner, commenced without delay and administered as prescribed.

This area for improvement was stated for a second time.

5.2.3 Staff training and competency assessment

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.

The manager advised that the findings of the last inspection had been discussed with staff individually and that staff had received training on the management of medicines following the last inspection. Records of this training and competency assessment were available for inspection.

The outcomes of this inspection indicated that the training had not been effective in driving the necessary improvement. Further training had been planned with the community pharmacist for 10 February 2022. It was emphasised that this training should be tailored to meet the areas for improvement identified at this inspection.

At the serious concerns meeting on 8 February 2022, the manager advised that the medicines policies would be highlighted to staff. It was suggested that the policy is reviewed to ensure that it is up to date and provides clear direction for staff in the management of medicines. The manager agreed that this policy would be reviewed.

This area for improvement was stated for a second time.

5.2.4 The management of controlled drugs

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. Some improvement in the standard of maintenance of the controlled drug record book was observed, however, the following shortfalls were identified:

- The name of the controlled drug and resident's name had not been recorded on all pages. These omissions were investigated and the manager was able to confirm the name of the controlled drug and resident for all entries.
- Records of disposal had not been recorded in the controlled drug record book. A review of the disposal book indicated that the controlled drugs had been returned to the community pharmacist.
- The manager confirmed that controlled drug balance checks were completed at handover. Records of this activity were not available.

This area for improvement was stated for the second time.

5.2.5 The management of medicines on admission and medication changes

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 on admission was reviewed for two residents. For one resident, written confirmation of their prescribed medicines was available. However, their personal medication record had been mislaid. Records of the receipt of their medicines had not be accurately maintained and there were missed signatures for administration. Therefore, there was no clear audit trail to confirm that their medicines had been administered as prescribed. For the second resident, written confirmation of their prescribed medicines had not been received. The date of opening had not been recorded on some of their medicines and hence there was no clear audit trail to provide evidence that their medicines were administered correctly.

The management of medicines on admission must be reviewed to ensure that:

- an accurate list of currently prescribed medicines is received from the hospital or GP to ensure that medicines were administered in accordance with the most recent directions
- personal medication records are verified and signed by two staff to ensure accuracy of transcription
- hand-written medication administration records are verified and signed by two staff to ensure accuracy of transcription
- records of administration are accurately maintained
- records of receipt are accurately maintained.

As identified in Section 5.2.1 medication changes had not be managed appropriately.

This area for improvement was stated for the second time.

5.2.6 Governance and audit

There were no records to confirm that the management and administration of medicines was audited.

The audits completed at this inspection indicated that medicines supplied in the blister pack system were being administered as prescribed. Audits could not be completed on medicines that were supplied in their original packs, for example, analgesics, liquid medicines, eye drops and inhalers, because the date of opening had not been recorded and records of receipt had not been adequately maintained.

As identified at the last inspection, the responsible person must implement a robust audit tool to monitor the management of medicines. Action plans to address shortfalls in the management and administration of medicines should be implemented and addressed. The audit should include all areas identified for improvement at this inspection.

This area for improvement was subsumed into an area for improvement under the regulations.

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 Residential Care Home Minimum Standards, August 2021.

	Regulations	Standards
Total number of Areas for Improvement	8*	1

* The total number of areas for improvement includes five which are stated for a second time and three which 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, and Mrs Lesley Ann Coffey, Responsible Person (Acting), 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 Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 **Ref:** Regulation 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** With immediate effect (25 May 2021)	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. This refers specifically to documentary evidence of pre-employment vetting by completion of the AccessNI process and the obtaining of suitable references.
	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. Ref 5.1
Area for Improvement 2 **Ref:** Regulation 20 (3) **Stated:** First time **To be completed by:** 30 June 2021	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.
	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. Ref 5.1

Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** From the date of the inspection (31 January 2022)	The registered person shall ensure that the personal medication records are accurate and up to date. Ref 5.1 & 5.2.1
	Response by registered person detailing the actions taken: All kardexs were re written from their MAR sheet and overlooked by 2 members of staff and signed. These will be reviewed monthly and any new mediation that comes in interim between the 28 day cycle must be added onto the kardex and signed again by 2 members of staff. All medication staff have been informed of this finding. Hospital admissions must have a hospital letter in care plan and again updated on their kardex and over seen by 2 members of the meds staff.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** From the date of the inspection (31 January 2022)	The registered person shall ensure that records of medicines received into the home are accurately maintained. Ref 5.1 & 5.2.2
	Response by registered person detailing the actions taken: All records of medication must be monitored and reviewed more frequently. Lesley Ann is doing a weekly audit at present to keep on top of any errors that may be occurring and then highlighting them to the staff member responsible.
Area for improvement 5 **Ref:** Regulation 20 (1) **Stated:** Second time **To be completed by:** 1 March 2022	The registered person shall ensure that staff receive further training and competency assessment on the management of medicines as detailed in the report. Ref 5.1 & 5.2.3
	Response by registered person detailing the actions taken: Further face to face training has been arranged with Joyce Laird Clear Pharmacy. I have gave Joyce the areas that need improved and she will raise them at the training and go over the importance of all having a duty of care and that we are all accountable for our actions as care workers. New competency assessments have been put in place and Lesley Ann will monitor each meds staff 3 times to oversee their way of adminstering meds and their recording also.

Area for improvement 6 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** From the date of the inspection (31 January 2022)	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. Ref 5.1 & 5.2.4
	Response by registered person detailing the actions taken: I have put a new file in the treatment room where at the end of each shift a handover is done and the staff member must count the controlled drugs and record in file and then handover the meds keys to the next person on duty. This gives a clear count of the drugs and also highlights who is responsible for the meds on that shift.
Area for improvement 7 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** From the date of the inspection (31 January 2022)	The registered person shall review and revise the management of medicines changes and on admission to the home. Ref 5.1, 5.2.1& 5.2.5
	Response by registered person detailing the actions taken: The staff have been informed when a new resident comes in that we must have a clear record of the meds they are on from either the hospital or their GP. This is then recorded into a kardex and overseen by 2 members of staff to ensure accuracy. A copy of the meds is then kept in their care plan also for records.
Area for improvement 8 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** From the date of the inspection (31 January 2022)	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: 5.1 & 5.2.6
	Response by registered person detailing the actions taken: Lesley Ann has commenced a weekly audit and this will highlight any short falls and they will be dealt with immedicately. A more in depth audit will be complete monthly to oversee all areas covered in the standards for medication.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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

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