

Unannounced Care Inspection Report

20 December 2018



Green Isle

Type of Service: Residential Care Home
Address: 17a New Harbour Road, Portavogie,
Newtownards, BT22 1EE
Tel No: 028 4277 2644
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with nine beds that provides care for older people and for people who have dementia.

3.0 Service details

Organisation/Registered Provider: Green Isle Residential Home Ltd Responsible Individual: Keith Coffey	Registered Manager: Keith Coffey
Person in charge at the time of inspection: Keith Coffey	Date manager registered: 8 October 2008
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 9

4.0 Inspection summary

An unannounced care inspection took place on 20 December 2018 from 11.10 to 15.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to adult safeguarding arrangements, infection prevention and control and the home's environment, care records, communication, the culture and ethos of the home and maintaining good working relationships

Three areas requiring improvement were identified during the last care inspection and were stated for the second time. One area for improvement was identified during this inspection. This related to annual reviews of care provided to residents.

Residents said that they received excellent care and that they enjoyed every aspect of living in the home. A resident's representative commented positively on the quality of care provided by staff in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Keith Coffey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, four residents, two care staff and one resident's representative.

A total of nine questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff supervision and annual appraisal schedules
- staff training schedule and training records
- two residents' care files
- the home's Statement of Purpose and Resident's Guide
- minutes of staff meetings
- complaints and compliments records
- equipment maintenance records
- accident, incident, notifiable event records
- Annual Quality Review report
- minutes of recent residents' meetings
- fire safety risk assessment (submitted after inspection)
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- individual written agreements
- programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 11 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: First time	The registered person shall ensure staff have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that staff had been provided with supervision and there are further supervisions scheduled.	
Area for improvement 2 Ref: Standard 24.5 Stated: First time	The registered person shall ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	Partially met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the schedule for staff appraisals established that there were firm plans in place to ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>This action was not completed within the agreed timescale and is therefore stated for the second time.</p>	
<p>Area for improvement 3 Ref: Standard 25.8 Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the minutes of staff meetings confirmed that such meetings now take place at least quarterly.</p>	Met
<p>Area for improvement 4 Ref: Standard 25.8 Stated: First time</p>	<p>The registered person shall ensure that the home's complaints policy is reviewed to accurately describe the role and function of RQIA in dealing with regulated services complaints and the onward referral route for complaints if local resolution is not achieved.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the home's complaints policy established that this had not been reviewed.</p> <p>This action is therefore stated for the second time.</p>	Not met
<p>Area for improvement 5 Ref: Standard 20.6, 20.9 Stated: First time</p>	<p>The registered person shall ensure that the information regarding complaints contained in the home's Statement of Purpose and the Residents Guide is reviewed and updated.</p>	Not met

	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and inspection of the home's Statement of Purpose and the Residents Guide established that these were not reviewed and updated.</p> <p>This action is therefore stated for the second time.</p>	
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6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of staff appraisals and supervision were reviewed during the inspection.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The adult safeguarding policy in place was reviewed during a previous care inspection and was found to be consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection; all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

“The Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The home had an up to date fire risk assessment in place dated 25 September 2018. One recommendation was made and this was being addressed.

Fire safety records identified that means of escape were checked daily and emergency lighting was checked monthly. Fire alarm systems were tested weekly. All systems and equipment was regularly maintained.

Residents spoken with during the inspection made the following comments:

- “This is a great place. The staff are wonderful. They look after us all very well and we have great chat with them. My eyesight isn’t great and the staff help me with anything I might need. They are around day and night. The home is kept beautifully clean and warm and the food is great.”
- “I have come here for a while to wait when services are being arranged for me to go back home. I’m glad I came here. Although I am quite independent, I feel reassured that the staff are always around and willing to help me if I need anything.”

A resident’s representative spoken with during the inspection made the following comments:

- “There is lots of staff around and they are very vigilant in looking for anything that is out of the ordinary. They also contact me straight away and are very good at getting the doctor for my (relative).”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, infection prevention and control and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of two residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection. Observation of practice evidenced that staff were able to communicate effectively with residents.

A review of the care records of two residents identified that annual care reviews had not been completed. Although such care reviews are the responsibility of the referring trust to arrange, it is necessary for the home manager to liaise with trusts to ensure that care reviews take place in a timely manner. Action was required to ensure compliance with the standards in this regard. The registered manager was given advice about how to best ensure that the trusts who commissioned the services were kept apprised of the care given to residents.

Discussion with residents, staff and a review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents spoken with during the inspection made the following comments:

- "Keith (manager) came to see me before I left hospital and he spent over an hour with me, telling me about the home and finding out what I would need. He gave me all the information I needed to make a decision about coming here. If I hadn't found him to be polite and helpful, I wouldn't have considered coming here. I was very impressed because I have particular dietary needs and Keith was able to arrange this in a very short space of time."
- "I get everything I need here and I couldn't ask for more. The staff were very good at helping me to settle in. Keith (manager) came to my house before I came here and he said to me 'come in and try it, and if it doesn't suit you, you don't have to stay' and I have stayed, for I like everything about it."

A resident's representative spoken with during the inspection made the following comments:

- "The staff are very tuned into my (relative's) usual behaviours and how she is, so they can tell very early if anything is changing."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection. This related to care reviews.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect, also that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with staff, residents and a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "We are absolutely spoiled here! We get everything done for us....the girls (staff) are great. We get the very best of care, the very best of attention. We couldn't ask for better."
- "I am spoiled here. The staff are great, absolutely lovely, and there is great chat. I have got to know the other residents and they are all lovely. I'm looking forward to going back home, but I've also really enjoyed being at Green Isle."
- "The staff take great care of me and of all the residents here. The food is good and lots of it. I'm very happy here."
- "This is like a hotel...it has everything I need. The staff are tremendous, so friendly and helpful, it's like a home from home."

A resident's representative spoken with during the inspection made the following comments:

- "The staff look after my (relative) extremely well. I visit often and can see how all the residents are treated. I'm very happy with the care here."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and described how the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

The registered manager advised that no complaints had been received since the last care inspection. The area of complaints was not examined on this occasion. The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff.

A review of accidents, incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

A resident spoken with during the inspection made the following comments:

- "I have absolutely no complaints, but if I did, I would go to any of the staff."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Keith Coffey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.5 Stated: Second time To be completed by: 29 March 2019	<p>The registered person shall ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Staff appraisals, performance reviews and personal development plans are currently underway to be completed within the specified timeframe.</p>
Area for improvement 2 Ref: Standard 25.8 Stated: Second time To be completed by: 29 March 2019	<p>The registered person shall ensure that the home's complaints policy is reviewed to accurately describe the role and function of RQIA in dealing with regulated services complaints and the onward referral route for complaints if local resolution is not achieved.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The home's complaints policy is presently under review and will be amended to accurately describe the role and function of RQIA in dealing with regulated services complaints and the onward referral route for complaints as required. This amended policy will be forwarded upon completion.</p>
Area for improvement 3 Ref: Standard 20.6, 20.9 Stated: Second time To be completed by: 29 March 2019	<p>The registered person shall ensure that the information regarding complaints contained in the home's Statement of Purpose and the Residents Guide is reviewed and updated.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The home's Statement of Purpose and Residents Guide are presently under review as directed and will be forwarded upon completion.</p>
Area for improvement 4 Ref: Standard 11.1 Stated: First time To be completed by: 29 March 2019	<p>The registered person shall ensure timely liaison with trusts to arrange annual reviews of care.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Liasion with trusts regarding reviews continues with emails being sent and followed up to all involved parties regularly.</p>

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



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