



The Regulation and
Quality Improvement
Authority

Inspector: Alice McTavish
Inspection ID: IN022393

Green Isle
RQIA ID: 10714
17a New Harbour Road
Portavogie
Newtownards
BT22 1EE
Tel: 02842772644
Email: greenisle@btconnect.com

**Unannounced Care Inspection
of
Green Isle**

26 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 26 May 2015 from 10.15 to 15.10. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, the DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with the registered manager Mr Keith Coffey. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Green Isle Residential Home Ltd.	Registered Manager: Mr Keith Coffey.
Person in charge of the home at the time of inspection: Mr Keith Coffey.	Date manager registered: October 2008
Categories of care: RC-I, RC-DE	Number of registered places: 9
Number of residents accommodated on day of inspection: 9	Weekly tariff at time of inspection: £470 - £494

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents.

We met with five residents and two members of care staff. No resident's representatives and no visiting professionals were present during the inspection.

We inspected four care records, complaints records, staff training records and accident and incident records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 6 January 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 10.1	<p>It is recommended that the registered manager should update the policy on the management of behaviours which challenge staff and the use of restraint to ensure that they include the following ;</p> <ul style="list-style-type: none"> • DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) • The policy should reflect that if physical restraint is employed, the referring Trust, the resident's representatives and RQIA are informed. <p>Ref section 10 of the report</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the policy confirmed that the policy had been updated accordingly.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 10.7</p>	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> Reference to this is made in that the Trust should be requested to complete an assessment of the use of pressure alarm mats. <p>Ref section 10 of the report</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of documentation confirmed that the Trust is now requested to complete an assessment of the use of pressure alarm mats and any other equipment which may be viewed as a form of restriction.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 10.7</p>	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> Reference to this is made in that the home's Statement of Purpose and Residents Guide should be updated to detail any restrictions which may be used within the home. <p>Ref section 10 of the report</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the home's Statement of Purpose and Residents Guide confirmed that these had been updated to detail any restrictions which may be used within the home.</p>	<p>Met</p>

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The

records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records. An Advanced Care Plan had been completed by the GP and was present in the resident's records.

Is care effective? (Quality of management)

The home had separate policies and procedures dated January 2012 relating to end of life care and to the death of a resident. We made a recommendation that these should be updated to reference the current best practice guidance. We also recommended that education should be made available to the staff team relating to death and bereavement. This can be achieved through sharing of best practice guidance at staff team meetings and individual staff supervision.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the registered manager he confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. Residents would be given the option to attend the funeral.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. Relatives of deceased residents had sent these in praise and gratitude for the compassion and kindness shown to the residents during illness and at death.

Areas for improvement

There were two areas of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

Staff had received training in continence management. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had a written policy and procedures relating to continence management and promotion. We noted that these did not reference current best practice guidance. We made a recommendation in this regard. This was included in the recommendation made in section 5.3.

We inspected the care records of one resident with complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures had been fully considered. Guidance and support had been sought by the home and provided by the community nursing team.

In our discussions with staff and through an inspection of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

5.5 Additional areas examined

5.5.1 Residents' views

We met with five residents individually. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I'm getting on well here and I like it. They are very kind to me."
- "I have absolutely no complaints about being here. It is clean, warm and comfortable and the food is good. The staff help me with anything I need help with. They come to me quickly if I need help. I feel safe here."
- "It's really lovely here. The staff are all so good to me."
- "There's no better place than this in Ireland! I love it here. They are all so good to me."

5.5.2 Staff views

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "This is a great place to work. The staff are so supportive of each other and there's plenty of training given. The residents are such a lovely group to work with."

5.5.3 Resident representatives' views

We met with one resident's representative who spoke positively about the care provided within the home.

Some comments included:

- "It seems to be a great place. My (relative) is very happy here."

5.5.4 Environment

The home was found to be clean and tidy. Décor and furnishings are of a very good standard.

5.5.5 Staffing

At the time of inspection the following staff members were on duty:

- 1 manager
- 1 care assistant
- 1 cook
- 1 domestic staff for cleaning and laundry

Two care assistants were scheduled to be on duty later in the day. Two staff members were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.6 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.7 Accidents / incidents

An inspection of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.8 Complaints / compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

5.5.9 Fire safety

Inspection of the home's most recent fire safety risk assessment dated 26 August 2014 identified that the recommendations made as a result of this assessment had been duly actioned. Fire alarms were tested weekly. We inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

Areas for improvement

There were no areas of improvement identified within the additional areas examined.

Number of requirements	0	Number of recommendations:	0
-------------------------------	---	-----------------------------------	---

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Keith Coffey as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 28 August 2015</p>	<p>The registered manager should ensure that the policies and procedures relating to dying and death of a resident and to continence management and promotion are reviewed and revised.</p> <p>Ref. section 5.3 and 5.4.</p>
	<p>Response by Registered Person(s) detailing the actions taken: Policies and procedures relating to death and dying have been updated as requested. Policies and Procedures relating to Continence management and promotion are being updated to be completed by 28 July 2015.</p>

<p>Recommendation 2</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 28 August 2015</p>	<p>The registered manager should ensure that education is made available to the staff team relating to death and bereavement.</p> <p>Ref. section 5.3.</p>
	<p>Response by Registered Person(s) detailing the actions taken: All staff have been enrolled on an appropriate course relating to death and bereavement to be completed by all staff by 4 August 2015.</p>

Registered Manager completing QIP	Keith Coffey	Date completed	14.07.15
Registered Person approving QIP	Keith Coffey	Date approved	14.07.15
RQIA Inspector assessing response	Alice McTavish	Date approved	15 July 2015

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.