

# Unannounced Care Inspection Report

## 3 January 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](http://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 living with dementia.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced care inspection took place on 3 January 2018 from 10:25 to 14:55.

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 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 staff recruitment, induction, supervision and appraisal, adult safeguarding, infection prevention and control, the home's environment, communication between residents, staff and other key stakeholders, listening to and valuing residents, governance arrangements and quality improvement.

Areas requiring improvement were identified. These related to the staff duty rota, staff training, care records and resident meetings

Residents said that they enjoyed living in Green Isle and that they were treated very well by staff.

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
<b>Total number of areas for improvement</b>	0	5

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**

No further actions were required to be taken following the most recent inspection on 27 July 2017.

#### **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 and notifiable events received since the previous care inspection.

During the inspection the inspector met with eight residents, three members of care staff and the registered manager. No visiting professionals and no residents' representatives were present.

A total of 10 questionnaires were provided for distribution to residents and their representatives. The registered manager was provided with details of how staff could complete electronic questionnaires and return these to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Care files of two residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

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 27 July 2017**

The most recent inspection of the home was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 27 July 2017**

There were no areas for improvements made as a result of the last care inspection.

## **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 confirmed that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents; staff advised that the home was busy but that there were sufficient staff in place to ensure safe care for residents.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. It was noted, however, that the duty rota did not state the designations of all staff working in the home. In discussion with the registered manager it was established that staff were trained to deliver care to residents and to work in the kitchen but the role of individual staff on each shift was not evident on the staff duty rota. Action was required to ensure compliance with the standards.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. A review of staff training records identified that not all staff members were listed and the records had not been kept up to date. In discussion with the registered manager it was also established that one area of mandatory training, managing residents' money, had not been provided. Action was required to ensure compliance with the standards in relation to staff training.

The registered manager and staff advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

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

The registered manager advised that enhanced AccessNI disclosures were viewed by him for all staff prior to the commencement of employment. The personnel record reviewed confirmed that AccessNI information was managed in line with best practice.

There were arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

In discussion with the registered manager it was established that no adult safeguarding issues had arisen since the last care inspection. The registered manager advised that 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 confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised that there were restrictive practices employed within the home, notably locked external doors with keypad entry systems and pressure alarm mats for some residents. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc. The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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. Observation of staff practice identified that staff adhered to 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised 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.

The home had an up to date fire risk assessment in place dated 26 September 2017. Five recommendations were made; four were noted to be appropriately addressed and one was reported by the registered manager as being in the process of being addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records were retained of staff who participated and any learning outcomes. Fire safety records identified that means of escape were checked daily, fire alarm systems were tested weekly and emergency lighting was checked monthly. Fire-fighting equipment was checked every six months. All systems and equipment regularly serviced and maintained.



## Areas of good practice

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

## Areas for improvement

Two areas for improvement were identified during the inspection. These related to the staff duty rota and to staff training.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 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.

A review of the care records of two residents confirmed that these were largely maintained in line with the legislation and standards. They included an initial assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. nutrition, falls, where appropriate) were present.

It was noted that the care plan of one identified resident had not been updated to reflect the recommendations made by the Speech and Language Therapist regarding the consistency of food and one to one supervision by staff when eating. It was also noted that the falls and nutritional risk assessments had not been updated since 2016 and the quarterly reviews of the care plan had not been routinely completed. Action was required to ensure compliance with the standards in relation to keeping care records up to date to reflect the needs of residents.

It was noted that no photograph was present in the care records of another resident. Action was required to ensure compliance with the standards in relation to residents' records containing a recent photograph of the resident.

The care records reflected other aspects of multi-professional input into the residents' health and social care needs. 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. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice; staff were able to describe in detail the individual care needs and preferences of residents.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.



The registered manager advised that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals; as the home was small, any changes in residents' needs were identified at an early stage and appropriate action taken.

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, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

In a review of documentation it was identified that resident meetings had taken place in some time. Action was required to ensure compliance with the standards in relation to such meetings. The registered manager also advised that the staff team had recently suggested that protected mealtimes be introduced for the benefit of residents. Advice was provided about how protected mealtimes could be researched and how these could be discussed and agreed with residents within a resident meeting.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager advised that arrangements were in place, in line with the legislation, to support and advocate for residents.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

### Areas for improvement

Three areas for improvement were identified during the inspection. Two related to care records and one to resident meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

#### 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 confirmed 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents advised that were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment and that their views and opinions were taken into account in all matters affecting them.

The registered manager and residents advised that consent was sought in relation to care and treatment. Staff confirmed their awareness of promoting residents' rights, independence and dignity; staff were able to describe how residents' confidentiality was protected.

The registered manager and staff advised that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, residents were consulted with on a daily basis about what they wished to wear, to eat and what activities they wanted to participate in. Residents were also encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents, 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:

- "The girls (staff) are great, really friendly and helpful. I have a lovely room with great views. Although I would really love to go back to my own home, I realise that being here is better for me. I feel safe and I know that there is always someone around and that I won't come to any harm. I'm glad I got a place here."
- "The staff here treat me very well. I feel like it's being part of living in a big family. I really enjoy the company and the food is absolutely excellent."
- "I couldn't be in a better place. I love living 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
<b>Total number of areas for improvement</b>	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. These were found to be in line with good practice. 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. No complaints had been received since the last care inspection. The registered manager advised that if complaints were to be regularly received, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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. Discussion with the registered manager, who is also the registered provider, identified that he had understanding of his role and responsibilities under the legislation.

The registered manager confirmed 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 employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

### 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
<b>Total number of areas for improvement</b>	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	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 14 February 2018	The registered person shall ensure that the staff duty rota states the designation and role of all staff working in the home.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> A new rota with role designations has been compiled for ongoing use.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2018	The registered person shall ensure the following – <ul style="list-style-type: none"> <li>• all staff members are listed on staff training records</li> <li>• records of mandatory staff training are kept up to date</li> <li>• mandatory training is completed by all necessary staff in managing residents' money</li> </ul> Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> All staff members are listed on staff training records and are kept up to date both on spreadsheet and in hard copy. Mandatory training in managing residents money has been provided to all staff members involved in handling residents' money.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 14 February 2018	The registered person shall ensure the following – <ul style="list-style-type: none"> <li>• Speech and Language Therapist recommendations are updated in residents' care plans</li> <li>• risk assessments in relation to falls and nutrition are regularly updated</li> <li>• quarterly reviews of residents' care plans are routinely completed</li> </ul> Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> A thorough review of all residents records has taken place and all necessary updates have been carried out in relation to SALT, risk assessments for falls and nutrition. Quarterly reviews are now up to date also and will continue to be carried out as stated.

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.6  <b>Stated:</b> First time  <b>To be completed by:</b> 14 February 2018	The registered person shall ensure that residents' records contain a recent photograph of the resident.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Updated photographs have been placed in all residents records.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2018	The registered person shall ensure that resident meetings are held.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Residents meetings are being held on a quarterly basis with all residents taking part. Full details of the meeting are recorded and acted upon as necessary.

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





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