



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID: Green Isle (10714)**

**Date of Inspection: 6 January 2015**

**Inspector's Name: Alice McTavish**

**Inspection No: IN017567**

**The Regulation And Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of home:</b>	Green Isle
<b>Address:</b>	17a New Harbour Road Portavogie Newtownards BT22 1EE
<b>Telephone number:</b>	02842772644
<b>Email address:</b>	greenisle@btconnect.com
<b>Registered Organisation/ Registered Provider:</b>	Green Isle Residential Home Ltd
<b>Registered Manager:</b>	Keith Coffey
<b>Person in charge of the home at the time of inspection:</b>	Keith Coffey
<b>Categories of care:</b>	RC-I, RC-DE
<b>Number of registered places:</b>	9
<b>Number of residents accommodated on day of Inspection:</b>	7
<b>Scale of charges (per week):</b>	£481-£494 per week
<b>Date and type of previous inspection:</b>	Secondary Unannounced Inspection 16 June 2014
<b>Date and time of inspection:</b>	Primary Announced Inspection 6 January 2015 10.05am – 5.00pm
<b>Name of Inspector:</b>	Alice McTavish

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff and one relative
- Consultation with residents individually and in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	2
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	12	6

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
  - Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
  - The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of service

Green Isle residential care home is situated in the village of Portavogie in Co. Down close to all local amenities. The residential home is owned and operated by Green Isle Residential Home Ltd. Mr Keith Coffey is manager of the home and has been registered manager since 2008.

Green Isle is a large detached two storey house which is a purpose built facility. Accommodation for residents is provided in single en-suite rooms on the ground and first floors of the building. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground floor along with catering and laundry services. Communal sanitary facilities are available throughout the home and there is a downstairs bathroom which is equipped with a hairdressing sink. There is a secure patio and garden to the rear of the building and plentiful car parking available at the front of the home.

The home is registered to provide care for a maximum of nine persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia

## 8.0 Summary of Inspection

This primary announced care inspection of Green Isle was undertaken by Alice McTavish on 6 January 2015 between the hours of 10.05am and 5.00pm. Mr Keith Coffey was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these recommendations have been addressed within the timescales specified by RQIA. The detail of the actions taken by Mr Keith Coffey can be viewed in the section following this summary.

Prior to the inspection, in May 2014, Mr Keith Coffey completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr Keith Coffey in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and a relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined returned staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## Inspection findings

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had policies and procedures in place, however, these did not reflect best practice guidance in relation to restraint, seclusion and human rights. A recommendation was made that these are updated. See section 10, standard 10.1 of the report.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

It was identified that some restrictions are employed within the home relating to the use of pressure alarm mats which alert staff if a resident should attempt to rise from their bed or chair unaided. Recommendations were made that the Trust should be requested to complete an assessment for the use of the pressure alarm mats, also that the home's Statement of Purpose and Residents Guide should be updated to detail any restrictions which may be used. See section 10, standard 10.7 of the report.

The evidence gathered through the inspection process concluded that Green Isle was compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for one afternoon each week. In the absence of the activity coordinator activities are provided by care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Green Isle was compliant with this standard.

### **Resident, representative and staff consultation**

During the course of the inspection the inspector met with residents, a representative and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The resident representative indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, the representative and staff members are included in section 11.0 of the main body of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and three recommendations were made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the relative, registered manager and staff for their assistance and co-operation throughout the inspection process.



### 9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 June 2014

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 23.6	<p><b><u>Training</u></b></p> <p>It is recommended that staff signatures are obtained when training takes place.</p>	Discussion with the registered manager and examination of documentation confirmed that staff signatures are obtained when training takes place.	Compliant
2	Standard 19.9	<p><b><u>Resident views / involvement</u></b></p> <p>As indicated by the manager, ensure residents are consulted about the qualities they would wish to see in new staff appointed. A record of same to be retained for interviewing purposes.</p> <p><b>(Reiterated recommendation)</b></p>	Discussion with the registered manager and examination of documentation confirmed that residents are consulted about the qualities they would wish to see in new staff appointed and that a record of same is retained for interviewing purposes.	Compliant
3	Standard 23.5	<p><b><u>Qualification NVQ/QCF</u></b></p> <p>In accordance with DHSSPS strategic targets arrangements should be made for staff to undertake training in NVQ or QCF.</p>	Discussion with the registered manager confirmed that arrangements are in place for staff to undertake training in NVQ or QCF in accordance with DHSSPS strategic targets.	Compliant

4		<p><b><u>Staff register</u></b></p> <p>One recommendation made relates to establishing a register of all staff employed.</p> <p>Ref Section 8.3</p>	<p>Discussion with the registered manager and examination of documentation confirmed that a register has been established of all staff employed.</p>	<p>Compliant</p>
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## 10.0 Inspection Findings

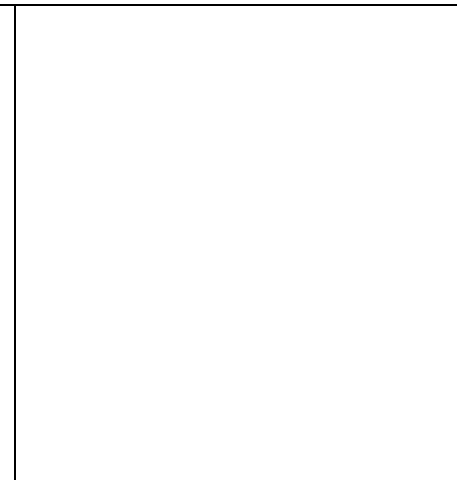
<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p>	
<b>Provider's Self-Assessment</b>	
<p>Green Isle have a challenging behaviour policy and procedure in place to respond to challenging behaviour. These reflect the DHSSPS guidance and the Human Rights Act (1998). Each staff member is trained in managing challenging behaviour within a residential setting. If when assessing a resident, it presents they have challenging behaviour this is recorded on their care plan along with how to deal with this behaviour. If there is an incident of challenging behaviour, staff use their training to respond to this appropriately. This is then recorded in the residents daily evaluation and communicated to all staff via the communications booked, it is reported to the RQIA, the key worker in the Trust, GP and the residents representative. It is then decided the best way to manage the behaviour to determine the best outcome for all involved. This is all recorded on the appropriate documentation which includes, residents care plan, evaluation and RQIA Statutory Notification of Events Forms. The values expected by staff in all responses include, acceptance, self control, respect and self preservation.</p>	<p>Moving towards compliance</p>
<b>Inspection Findings:</b>	
<p>The home had policies and procedures, 'Management of Challenging Behaviour' and 'Use of Restraint' in place both dated January 2012. A review of the policies and procedures identified that they did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies and procedures did not include the need for Trust involvement in managing behaviours which challenge, nor did they detail that RQIA must be notified on each occasion restraint is used. The policies and procedures did not detail that relatives should be informed. A recommendation is made that the policies and procedures should be updated.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p>	<p>Substantially compliant</p>

A review of staff training records identified that all care staff had received training in behaviours which challenge between 26 January 2014 and 1 January 2015 which included a human rights approach.

A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff members spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires identified that appropriate training had been provided.



<p><b>Criterion Assessed:</b>                      10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p> <p>As mentioned in self assessment for 10.1 there is a procedure in place for managing behaviours which challenge. The process in use to aid possible identification of the cause in the change in behaviour and action to be taken would be the residents initial assessment and care plan. Within these documents the residents usual behaviour and history is recorded and possible causes if a change in behaviour occurs eg. urinary tract infection. This then determines what action is then to be taken. Staff are made aware of causes of challenging behaviour in individual residents which are stated in their care plans and staff are trained to identify triggers and warning signs from their challenging behaviour training. Support is given to staff in the form of supervision which identifies any training needs or action to be taken to prevent re-occurrence following incidents of behaviours which challenge.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p> <p>The policies and procedures include the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff members are aware of the need to report the uncharacteristic behaviour to the registered manager or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents' identified uncharacteristic behaviour.</p>	<p>Compliant</p>

A review of the records and discussion with visitors confirmed that they had been informed appropriately.	
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<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	
<b>Provider's Self-Assessment</b>	
Any behaviours which require a consistent approach or response from staff are recorded on the care plan and verbally communicated to staff who are also expected to read and understand the care plan. The care plan is reviewed quarterly by the Manager or appointed member of staff. If in this period any changes are recorded to the care plan, this again is communicated to all staff verbally and in the residents daily evaluation record. The care plan is signed by the resident or representative if resident cannot sign and reason is stated. The community key worker receives a copy of the care plan at each annual care review unless they are needed to be involved in an incident that occurs within the year.	Moving towards compliance
<b>Inspection Findings:</b>	
A review of three care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Currently there are no residents with a specific behaviour management programme. However we are currently working on a policy and procedure which details the process of referring and engaging the support of a multi professional team to develop a behaviour management programme. If this was ever needed to be implemented arrangements would be put in place for attending monitoring and review of the behaviour management programme and care plan.	Moving towards compliance
<b>Inspection Findings:</b> The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable



<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
At present because there is no behaviour management programme in place, there is no staff training or support to assist them in implementation of a programme however when the policy and procedure for this is completed, staff will receive relevant training and support.	Moving towards compliance
<b>Inspection Findings:</b>	
A review of staff training records evidenced that staff had received training in behaviours which challenge during 2014. Staff confirmed during discussion that they felt supported and that the support ranged from the training provided, supervision and staff meetings. Although there are currently no residents who have a specific behaviour management programme in place, staff felt equipped to manage any challenging behaviour, should they be required to do so.	Compliant

<p><b>Criterion Assessed:</b>                      10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p> <p>The procedure would be to firstly contact, if appropriate, the resident's representative, keyworker in the Trust, GP and RQIA. This would all be recorded in the resident's daily evaluation and relevant RQIA reporting forms. The care plan is then reviewed regarding the incident that took place along with the multi disciplinary team which would include, the resident's representative, home manager and the key worker from the Trust.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>A review of the accident and incident records from June 2014 to December 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>A relative and staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>Compliant</p>

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.7 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
There is a policy in place for restraint however this would need to be updated to reflect the Human Rights Act (1998) and DHSSPS guidance on restraint and seclusion( 2005). Currently there is no procedure in place to deal with restraint. This will be completed with the updating of the policy. The values expected by staff in all interventions include, acceptance, self control, respect and self preservation. Restraint has never been exercised at Green Isle however it would only be used as a last resort by appropriately trained staff. When staff complete their Challenging Behaviour Training, one of the areas covered is restraint. This training is completed by all staff annually. Should such an incident occur, this would be recorded in the resident's daily evaluation records, care plan and the notification records which are sent to RQIA. A supportive discussion would take place with the staff involved following the situation where restraint was used and guidance would be given regarding the situation. This would be recorded in the staff supervision records. The homes statement of purpose will be updated accordingly to include the types of restraint and restrictive practices.	Moving towards compliance
<b>Inspection Findings:</b>	
Discussion with staff, a relative and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.  Residents confirmed during discussion that they were aware of decisions that affect their care. Residents confirmed that were aware that measures have been put in place to minimise the impact of these limitations.  Restraint is not used within Green Isle residential home. There are, however, some restrictions in place and these include the use of pressure alarm mats for some residents. A recommendation is made that the Trust should be requested to complete an assessment of the use of pressure alarm mats.	Substantially compliant

<p>A review of the home's Statement of Purpose evidenced that the types of restrictions used in the home are not fully described. A recommendation is made that the Statement of Purpose and Residents Guide should be updated to detail any restrictions which may be used within the home.</p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Moving towards compliance</p>

<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
In accordance with Green Isle's Daily Life and Social Activities Policy - During the first week of placement at Green Isle a hobby and interest record is completed with the new resident. Space is provided to list current interests and suggestions of possible activities that the new resident would like to explore. The resident is provided with the current list of activities taking place in Greenisle, there is room on this list for suggestions to be added. This is a live document and can be added to at anytime. Once the assessments are completed and an activities list compiled this is then included in the residents care plan which is agreed with family members. Green Isle's Statement of Purpose and Residents Guide are updated regularly and reflects the activities offered to residents. Oral evaluations are ongoing during the activity and a written evaluation is completed by both staff and participants after the activity which notes outcomes both positive and negative.	Moving towards compliance
<b>Inspection Findings:</b>	
The home had a policy 'Daily Life and Social Activities Policy' dated June 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> A consent to photography which includes the taking and displaying of photographs within the home has been added to Green Isles Policies and has been signed by residents and their representatives. The policy states that other media such as videos/dvd/online are prohibited within the Home. As mentioned in 13.1 an evaluation is completed after every activity. Our resources are obtained from companies who create activities for older people. Local clergy visit Greenisle on a regular basis, with an informal service which is led by community members every 2 weeks. Healthy living activities such as arm chair exercises and gardening are included on the programme. Changes are made to the programme of activities based upon the results of the evaluations completed by our residents. There are activities based upon seasonal changes eg sunflower growing (summer) carol singing (winter) etc	Moving towards compliance
<b>Inspection Findings:</b> Examination of the programme of activities identified that social activities are organised on a daily basis.  The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All residents are invited to join in and plan the programme of activities. The programme is made up of activities taken from the residents hobby and interest records. There is a checklist for residents to tick that all residents have been consulted. Every resident is provided with the activities newsletter which is delivered to their room on a monthly basis. Even if a resident initially shows no interest in participating in the programme of activities, this can always be adjusted as they settle into Greenisle and become more comfortable with their surroundings. Choice is always provided whether a resident wishes to participate or not and their decision is respected.	Moving towards compliance
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussion with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. No resident in Green Isle chooses to generally stay in their room.  Residents and their representatives were also invited to express their views on activities by means of residents meetings, one to one discussions with staff and care management review meetings.	Compliant

<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
There is a monthly newsletter printed and delivered to each residents room at the beginning of each month. There is a monthly calendar of activities in the main entrance hall for family and friends to view and a weekly visual chart is located in the day room to make it easy for the residents to glance at and know what activities are taking place that week and on what day.	Moving towards compliance
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in the day room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate large print format to meet the residents' needs.</p>	Compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Currently within Greenisle we have a range of resources such as chair exercise CDs, music CD's, DVD's, board games, skittles, music sing-a-long books, piano, tambourine, hairdressing sink/chair/dryer, etc. These activities normally take place in the day room, hairdressing takes place in the designated area of the shower room. On a sunny day seasonal activities such as planting seeds take place in the rear enclosed garden where there are various resources such as hand held gardening tools, plant pots and seeds. Currently we are developing a training programme to give staff support and information in order to deliver the current activities. Presently there are no finance arrangements in place to raise/provide funds however we are exploring various ideas such as selling small floral baskets to relatives, etc.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>The home employs an activity co coordinator for three hours on one afternoon weekly and activities are provided for by care staff on all other days.</p> <p>The registered manager, care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, board and floor games, books, newspapers and magazines, DVDs and CDs and puzzles.</p> <p>A designated budget is available for the provision of activities and resources.</p>	Compliant

<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities programme is based on each individual residents assessment, the duration of each activity session depends on the findings of these assessments, it has been found that the duration of each activity is 45 minutes to an hour. It is noted on their care plan their level of participation according to their ability and preference. For example some residents want a level of privacy and independence from other residents and would only use resources such as the mobile library.	Moving towards compliance
<b>Inspection Findings:</b>	
The registered manager, care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Currently the contracted-in people are the hairdressers, podiatrists, mobile library, local musicians, two people from the local church and other various religious leaders within the community. For each activity carried out by an external provider, evidence is sought from each provider. Where this cannot be obtained eg. from local musicians then the evaluation sheet will provide evidence of the level of competence. The record of activity states the residents and staff in attendance, the level of enjoyment/participation and duration.	Moving towards compliance
<b>Inspection Findings:</b> The registered manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore, this criterion is not applicable at this time.	Not applicable

<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b> A verbal discussion takes place with the contracted-in person to inform them if there are any changes in residents needs. This is then recorded in the residents daily evaluation and signed by the contracted in person prior to the activity commencing. Feedback is obtained on completion of the activity from the contracted in person and is again noted on the residents daily evaluation form and signed by contracted in person and staff member.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b> The registered manager confirmed that a system was in place to inform any person who attends to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.</p>	<p>Compliant</p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
There is a tick list procedure form to be followed when organising an activity. There is also a record/evaluation sheet which is completed by the person leading the activity and an evaluation sheet which is completed by/with each participating resident.	Moving towards compliance
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.  There was evidence that appropriate consents are in place in regard to photography and other forms of media.	Compliant

<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The programme is reviewed and updated on a quarterly basis to include seasonal activities and incorporate public holidays and community events. The review of the activity programme is also connected to the findings of the residents quarterly care plan reviews. The evaluations of the activities are also taken into consideration when making changes to the activity programme. Feedback is also obtained from residents representatives via a postal questionnaire.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>A review of the programme of activities identified that it had last been reviewed in early December 2014. The records also identified that the programme is reviewed monthly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Moving towards compliance

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with seven residents individually. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I'm very happy here, the food is great and I'm very well looked after."
- "It's great here. The staff look after me extremely well. I was in hospital recently and I just couldn't wait to get back here."
- "I am happy here. The staff are very kind and attentive and there's lots for me to do to keep myself occupied."
- "I couldn't complain about a single thing here. The food is to the sort that I like, the place is very comfortable, the staff are very good to me and I couldn't ask for anything better."
- "I'm very happy here, they (the staff) look after me very well."
- "This is a great place. I like it here."

### 11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "We are delighted with the care given to (our relative). We are always made most welcome when we visit, there is always staff around and they are very helpful and pleasant. (Our relative) is very happy here, likes the staff and has improved physically and in mood and now keeps in better health. We put that down to the good care provided here. We always leave after our visits confident that (our relative) is safe and well and very well cared for."

### 11.3 Staff consultation/Questionnaires

The inspector spoke with two staff of care assistant grade and six staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.



Comments received included:

- “This is the best place I have ever worked in; it’s like my second home and the residents are like my family and I treat them as such. I think the residents get excellent care. The staff are very attentive and caring and understanding.”
- “The care here is second to none. The residents want for nothing, they have plenty of variety and choice about their meals and what they do with themselves. To work here is great, the staff team is friendly, there is a good atmosphere and I feel proud to work here. Green Isle has a good reputation in the local community and that is important to me as a worker, to the home and to the residents who live here.”

#### **11.4 Visiting professionals’ consultation**

No professionals visited the home on the day of inspection.

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

#### **11.8 Environment**

The inspector viewed the home accompanied by Mr Keith Coffey and alone and inspected a number of residents’ bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout.

Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

### **11.9 Guardianship Information/Resident Dependency**

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 26 August 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff on 11 June 2014. The records also identified that an evacuation had been undertaken on 11 June 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Keith Coffey. Mr Coffey confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Keith Coffey as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Alice McTavish**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

Green Isle

6 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Keith Coffey either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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"> <li>• DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998)</li> <li>• The policy should reflect that if physical restraint is employed, the referring Trust, the resident's representatives and RQIA are informed.</li> </ul> <p>Ref section 10 of the report</p>	One	Amendments have been carried out as recommended and policies have been updated to include documentation.	20 March 2015

2	10.7	<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"> <li>Reference to this is made in that the Trust should be requested to complete an assessment of the use of pressure alarm mats.</li> </ul> <p>Ref section 10 of the report</p>	One	<p>Records are maintained on all use of restraint instances in accordance with this requirement.</p> <p>Liaison has taken place with Trust on the use of pressure mats.</p>	20 March 2015
3	10.7	<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"> <li>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.</li> </ul> <p>Ref section 10 of the report</p>		<p>Statement of Purpose and Residents Guide have been updated as required detailing any restrictions which may be used within the home.</p>	20 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	KEITH COFFEY
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	KEITH COFFEY

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Alice McTavish	27 February 2015
Further information requested from provider			