

Unannounced Care Inspection Report 14 January 2021



Green Isle

Type of Service: Residential Care Home (RCH)

**Address: 17a New Harbour Road, Portavogie,
Newtownards, BT22 1EE**

Tel no: 028 4277 2644

Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to nine residents.

3.0 Service details

Organisation/Registered Provider: Green Isle Residential Home Ltd Responsible Individual: Linda Coffey	Registered Manager and date registered: Maureen Pue, 6 January 2020
Person in charge at the time of inspection: Linda Coffey	Number of registered places: 9
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 9

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 14 January 2021 between 11.30 and 16.45 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Linda Coffey, Responsible Individual, 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.

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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with five residents, two care staff and the administrator. Six questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- a selection of quality assurance audits
- incidents and accidents
- two residents' care records
- monthly quality monitoring reports
- minutes of residents' meetings
- annual satisfaction survey report

The following record was submitted and examined after the inspection:

- the annual quality report
- cleaning schedule

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 17 Stated: Second time	The registered person shall ensure that the quality of services is evaluated annually and a report prepared.	Met
	Action taken as confirmed during the inspection: This area was addressed.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 1.2 Stated: Second time	The registered person shall ensure that regular residents' meetings are held in the home.	Met
	Action taken as confirmed during the inspection: Discussion with staff and residents and review of meeting minutes confirmed this area was addressed.	
Area for improvement 2 Ref: Standard 1.6 Stated: Second time	The registered person shall ensure that an annual satisfaction survey is undertaken with residents and their relatives to obtain their views and opinions about the running of the home.	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of the report of the annual satisfaction survey confirmed this area was addressed.	
Area for improvement 3 Ref: Standard 20.15 Stated: First time	The registered person shall ensure that all accidents, incidents and events occurring in the home which adversely affect the wellbeing or safety of residents are reported promptly to all relevant organisations.	Met

	<p>Action taken as confirmed during the inspection: Examination of the records of accidents and incidents confirmed that these were correctly reported.</p>	
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6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available throughout the home. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

The person in charge advised that all staff had received refresher training in IPC, hand hygiene and the use of PPE.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining area.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

Staff told us that an enhanced cleaning schedule was in operation and that all points which may be touched by residents and staff were cleansed regularly throughout the day. We discussed how the regular cleaning tasks could be better recorded; a more suitable cleaning schedule to be used in the home was submitted after the inspection.

6.2.3 Staffing arrangements

The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “The staff are tremendous, they couldn’t do enough to keep us safe (from this awful virus), they are always cleaning...they are very attentive, I don’t want for anything.”
- “The girls (staff) take good care of us.”
- “I spend a lot of my day snoozing...we go to bed early, but can stay up if we want to...there’s enough to keep us occupied if we want it, but I like to take it easy.”
- “The food is great and lots of it, we are all well fed!”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families in order to reassure relatives.

Four questionnaires were completed by residents’ relatives and returned to RQIA. The respondents indicated that they were satisfied or very satisfied with all areas of care and services in Green Isle. The following comments were received:

- “All in all my (relative) is very pleased with the standard of care and the staff are very helpful.”
- “The staff and owners are perfect in the role they have taken on. My (relative) is doing well. I am happy with the fun and laughter she has with the staff in Green Isle.”

6.2.5 Care records

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed pre-admission information was received for each resident and that care plans were in place to direct the care required. We noted, however, that care plans and associated risk assessments were not reviewed on a regular basis. This was identified as an area for improvement.

A review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home.

We discussed with the person in charge the importance of having more frequent managerial oversight of areas such as hand hygiene and staff compliance with PPE. Examples of suitable audit tools were provided to the person in charge after the inspection.

We examined the records of accidents and incidents which had occurred in the home. We saw that these were managed appropriately and correctly reported to all relevant parties. We provided the management team with advice on how the template used could be developed to allow for additional detail in recording such events. This area will be examined further during future inspection.

We looked at the records of the visits by the registered provider and saw that these were completed each month. We drew the Responsible Individual’s attention to a more comprehensive template for such visits on the RQIA website and discussed how this would provide greater assurance of robust governance. The responsible individual agreed to use this in future.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the ongoing efforts of staff to ensure cleanliness of the home and to staff adherence to the current PPE guidance.

Areas for improvement

Two areas for improvement were identified during this inspection. These related to the regular review of care plans and risk assessments and to the development of a more comprehensive template to record details of any accidents and incidents in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linda Coffey, Responsible Individual, 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that residents care plans and risk assessments are regularly reviewed. Ref: 6.2.5
To be completed by: 31 March 2021	Response by registered person detailing the actions taken: All these actions have been completed as detailed above. Caroline Cully Acting Manager

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



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