



The **Regulation** and
Quality Improvement
Authority

Inspector: Alice McTavish
Inspection ID: IN024056

Green Isle
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**Unannounced Care Inspection
of
Green Isle**

16 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 16 February 2016 from 11.00 to 15.55. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. An area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

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

2. Service details

Registered Organisation/Registered Person: Green Isle Residential Home Ltd.	Registered Manager: Mr Keith Coffey
Person in charge of the home at the time of inspection: Mr Keith Coffey	Date manager registered: 08 October 2008
Categories of care: RC-I, RC-DE	Number of registered places: 9
Number of residents accommodated on day of inspection: 9	Weekly tariff at time of inspection: £470 - £494

3. Inspection focus

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

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records; the returned QIP from the previous inspection and notifications of accidents and incidents.

During the inspection we met with five residents, two care assistants, one resident's representative and one visiting professional.

We examined the care records of three individual residents, the resident and relative satisfaction questionnaires, the summary report of the questionnaires, the accident and incident register, the complaints and compliments register and fire safety records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 6 July 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection dated 26 May 2015

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1	The registered manager should ensure that the policies and procedures relating to dying and death of a resident and to continence management and promotion are reviewed and revised.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of policies and procedures relating to dying and death of a resident and to continence management and promotion confirmed that these were reviewed and revised.	

Recommendation 2 Ref: Standard 23.4	The registered manager should ensure that education is made available to the staff team relating to death and bereavement.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records confirmed that half of the staff team were provided with training in death and bereavement and there were plans for the remaining staff to undertake this training. In addition, written information was made available for staff.	

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

5.3 Is care safe? (Quality of life)

The registered manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the registered manager he advised that formal residents' meetings were held regularly and the minutes of the meetings retained. The registered manager advised us that residents or their representatives tended to approach staff directly to discuss any areas of concern.

Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

The home did not have a written policy in respect of obtaining resident's views on the quality of services and facilities provided by the home. We made a recommendation in this regard.

In our discussions with the registered manager we identified that annual satisfaction questionnaires were used to obtain residents' and representatives' views on the quality of care. The registered manager confirmed that the information obtained from residents and their representatives was used to inform changes which would improve services in the home. The information was collated and presented within a report. We examined the summary report from the 2015 survey and noted that feedback from residents and their representatives indicated a high degree of satisfaction with the services provided. The registered manager

confirmed that residents and their representatives were aware that they could access a copy of the report, should they wish to do so.

We inspected the reports prepared by staff in advance of annual care reviews and noted that these contained details regarding the views and preferences of the residents regarding the quality of services and facilities provided in the home. We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded with any actions arising specified.

In our discussions with the registered manager we confirmed that the management of complaints was included during staff induction. We noted that the home had a policy on complaints and that information about complaints was contained within the Resident's Guide and in the home's Statement of Purpose. We inspected the complaints register and were satisfied that complaints were recorded and managed appropriately. The registered manager advised us that compliments are usually provided verbally and are not always recorded. We inspected several written compliments which reflected a high level of satisfaction with the care provided within the home.

Is care compassionate? (Quality of care)

In our discussions with staff and with residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

Areas for improvement

One area of improvement was identified within the standard inspected. This related to the development of a policy on obtaining resident's views on the quality of services and facilities provided by the home. This standard was met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.4.1 Residents' views

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

Some comments included:

- "It's good here. They (staff) look after me well."
- "I am treated very well here. There's always staff around and that makes me feel safe. If you want a cup of tea, you get one, even if it's in the middle of the night."
- "It's good. I like it well enough. They are good to me."
- "This is like a home from home for me. I am really well cared for here, indeed I feel loved by the manager and his family. I just couldn't be in a better place!"
- "Sure, it's great here, very nice."

5.4.2 Resident's representative's views

We met with one resident's representative who expressed positive views on the quality of the care provided to residents.

Some comments included:

- "I am very impressed with the standard of care given to (my relative). It is great that I can visit at any time of the day or evening, which is important when you work. I have always been given a very warm welcome by the staff. I think there's a lovely atmosphere and ambience about the home. I think the staff are very focussed on providing the very best for the residents. I am pleased as I can see a great improvement in (my relative), both in physical and mental health; I am glad (my relative) is having good care and has plenty of company and stimulation here."

5.4.3 Staff views

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

Some comments included:

- "I love working here, I love coming to work and I sometimes don't want to leave – and when I do leave, I know that the residents have been left safe and comfortable and well cared for by my colleagues. We have a great staff team and really good manager who is so supportive to us."

5.4.4 Visiting professional's views

We met with one visiting professional who expressed positive views on the quality of the care provided to residents.

Some comments included:

- "I feel the care here is amazing. The staff know what each resident needs and how to meet those needs. Green Isle is very good at communicating with the district nursing staff and I feel absolutely confident in staff's ability to carry out our instructions or recommendations for care. There is a lovely atmosphere here and the residents get the very best of care."

5.4.5 Staffing

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

- 1 x manager
- 1 x care assistant
- 1 x cook
- 1 x administrator

One senior care assistant and one care assistant were scheduled to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.4.6 Environment

We found the home to be clean and tidy. Décor and furnishings were of a high standard.

5.4.7 Care practices

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

5.4.8 Accidents/incidents

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

5.4.9 Fire safety

The home had a Fire Safety Risk Assessment in place dated 3 September 2015. The registered manager confirmed that two of the three recommendations arising from the Fire Safety Risk Assessment were actioned and there was a plan in place to address the third recommendation. The registered manager confirmed that fire training was provided to staff twice annually and that fire drills were completed at the same time as fire training.

The registered manager confirmed that the fire alarm was tested weekly and that emergency lighting was checked monthly with additional six monthly checks being completed by an engineer.

We inspected individual Personal Emergency Evacuation Plans for each resident and could confirm that these were current.

Areas for improvement

No areas for improvement were identified within the additional areas examined.

Number of requirements:	0	Number of recommendations:	0
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6 Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager, Mr Keith Coffey, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.4 Statutory requirements

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

6.5 Recommendations

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

6.6 Actions taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 21.1 Stated: First time To be completed by: 15 April 2016	The registered manager should develop a policy in respect of obtaining resident's views on the quality of services and facilities provided by the home.		
	Response by Registered Person(s) detailing the actions taken: Policy is under development and will be completed by 15 April 2016.		
Registered Manager completing QIP	KEITH COFFEY	Date completed	29.03.16
Registered Person approving QIP	KEITH COFFEY	Date approved	29.03.16
RQIA Inspector assessing response	Alice McTavish	Date approved	30.03.16

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