

# Inspection Report

**25 May 2021**



## Green Isle

**Type of Service: Residential Care Home**  
**Address: 17a New Harbour Road, Portavogie,**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Green Isle Residential Home Ltd  <b>Responsible Individual:</b> Linda Coffey	<b>Registered Manager:</b> Mrs Caroline Cully – not registered
<b>Person in charge at the time of inspection:</b> Mrs Caroline Cully	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Residential Home which provides social care for up to nine residents. Residents' bedrooms are located over two floors. Residents have access to a communal lounge, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 25 May 2021 between 10.25 a.m. and 4.00 p.m. The inspection was undertaken by a care inspector.

The inspection assessed progress with the area for improvement identified in the home during 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.

Areas requiring improvement were identified in relation to staffing arrangements, care records, and fire safety practices.

The findings of this report will provide the manager with the necessary information to improve staff practice and residents' lived experience within the home.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous area for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection, residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed along with how staff went about their work. A range of documents was examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

#### **4.0 What people told us about the service**

We spoke with six residents and two staff.

Residents spoke highly of the care that they received and on their interactions with staff. Residents said that staff treated them with respect and that they would have no issues in raising any concerns with staff. Residents less able to voice their opinions due to physical frailty were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were complimentary in regard to the home's manager and spoke of how much they enjoyed caring for the residents.

One questionnaire was returned by a resident's relative who indicated a high level of satisfaction with the care and services provided in Green Isle. No feedback was received from the staff online survey.

#### **5.0 The inspection**

##### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Green Isle was undertaken on 14 January 2021 by a care inspector.

Areas for improvement from the last inspection on 14 January 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time	The registered person shall ensure that residents care plans and risk assessments are regularly reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of care records confirmed this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

A review of the recruitment records for two staff identified that an enhanced AccessNI check had not been sought and obtained prior to staff commencing employment within the home. It was also established that references, although requested, had not been received. An area for improvement was made.

All staff were provided with a comprehensive induction programme to prepare them for delivering care to the residents. There were systems in place to ensure that staff were trained and supported to do their job. There were regular staff meetings and staff received training in a variety of topics. Advice was provided to the manager as to how to more effectively maintain staff training records.

It was noted that fire training was out of date; the manager subsequently confirmed that this training was provided following the inspection.

Staff said there was good team work and that they felt well supported in their role; staff stated that they were satisfied with the level of communication they received from management. Staff confirmed that they received regular supervision and an annual appraisal.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. While the staff duty rota accurately reflected all of the staff working in the home on a daily basis, it did not always note the capacity in which staff worked or their exact working hours; the person in charge when the manager was not on duty was also absent from the rota. This was identified as an area for improvement.

Competency and capability assessments were completed for staff left in charge when the manager was not on duty but were not sufficiently comprehensive in focus. In addition, there was no system in place to ensure regular reviews of such assessments. An area for improvement was identified.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. It was observed that staff responded to requests for assistance promptly and in a caring and compassionate manner.

Residents said that staff attended to them quickly if they needed help and that staff had a good understanding of their individual needs.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

The manager is the appointed adult safeguarding champion for the home; the manager is therefore responsible for implementing the regional adult safeguarding protocol and the home's adult safeguarding policy.

A review of staff training records confirmed that all staff were required to completed adult safeguarding training on a three yearly basis. Staff said they were confident about reporting concerns about residents' safety and poor practice.

Residents and their relatives were provided with written information about how to raise a concern or complaint about care or any service they received in the home. Residents said that they knew how to report any concerns and were confident that the manager would deal with a complaint in an effective manner.

The manager reported that complaints, whilst rarely received, would be used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Discussion with the manager confirmed that the use of restrictive practices, namely the presence of a door keypad, was effectively managed.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

The internal environment of the home was observed and noted to be well maintained. A review of records established that a range of environmental safety checks was in place, for example, weekly testing of the fire alarm. While the majority of these checks had been completed regularly, some had not; an area for improvement was made.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were suitably furnished, clean, tidy and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents said that they enjoyed having their own space and could spend time in the communal areas if they wished; they stated that the home was kept clean and comfortable.

### **5.2.4 How does this service manage the risk of infection?**

Discussion with the manager confirmed that there were robust arrangements in place to effectively manage risks associated with COVID-19 and other potential infections.

The home had implemented the regional testing arrangements for residents, staff and Care Partners; the manager confirmed that any outbreak of infection would be reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

A review of records, observation of practice and discussion with staff confirmed that they had received training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE).

Staff were observed to carry out hand hygiene at appropriate times and used PPE in accordance with the regional guidance. Review of records and discussion with the manager confirmed that staff use of PPE and hand hygiene was regularly monitored by the manager.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

**5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routines, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

The manager and staff were knowledgeable about how to effectively monitor residents' skin and understood the pathway for referring to the multidisciplinary team, such as, district nursing. The manager and staff were also familiar with how residents should be assisted by staff to change their position regularly. Skin care was clearly recorded in residents' care records.

Discussion with the manager and staff and review of care records provided assurance that residents' risk of falling was robustly managed. The manager reported that falls were infrequent in the home, and a review of any fall would be completed to determine if anything more could be done to prevent future falls occurring. The manager was aware of how to make onward referrals to other professionals such as the Trust's Specialist Falls Service, residents' GPs, or physiotherapy, where necessary.

There was a system in place to ensure that accidents and incidents were appropriately managed, monitored and notified.

Meals were served in the dining room and provided an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. There was a choice of meals offered and the food was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms if they preferred.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff as to how to meet residents' needs. Residents' care records were held confidentially.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information about each resident's care needs and what or who was important to them.

In discussion with the manager, it was identified that the physical health of an identified resident had improved as a direct result of the care provided in the home. However, it was noted that the management of this resident's diabetes was not recorded in sufficient detail in their care plan and there was no accompanying risk assessment for this aspect of care. This was identified as an area for improvement.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Each resident had an annual review of their care, arranged by their care manager or Trust representative.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounge. Residents were looking forward to being able to go out of the home when it was safe to do so in line with COVID-19 guidance.

Staff reported that residents were encouraged to participate in regular resident meetings, providing an opportunity for them to comment on aspects of the running of the home such as activities and menu choices.

Residents' needs were met through a range of individual and group activities such as arts and crafts; music; armchair exercises; floor games and quizzes. Where residents preferred to spend time in their rooms, staff engaged with residents in one to one activities. Some residents particularly enjoyed having manicures and pedicures and were proud to show off their painted fingernails and toenails.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents being noted by staff.

### 5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Mrs Caroline Cully has been the manager in this home since the end of January 2021. An application for her registration as manager has been received by RQIA.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns about residents, care practices or the home's environment. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Residents said that staff made sure they had everything they needed on a daily basis and that they were happy.

A record of compliments received about the home was kept and shared with the staff team. An example of a recent compliment was "Thanks again for all the staff's work that made my (relative's) birthday so special...Green Isle has such a caring ethos".

Confirmation of regular visits by the responsible person was provided in the form a monthly report on the quality of services and care provided by the home.

Aspects of good managerial oversight were evidenced through regular consultation with residents and their families about the quality of care and services provided in the home.

## 6.0 Conclusion

Feedback from the manager, staff and residents; review of records; inspection of the environment and observation of the daily life of residents in the home provided assurance that care to residents within Green Isle was compassionate and effective.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

New areas for improvement were identified in regard to staff management, care records and fire safety practices.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Caroline Cully, manager, and a representative of the Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b) Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The responsible person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.</p> <p>This refers specifically to documentary evidence of pre-employment vetting by completion of the AccessNI process and the obtaining of suitable references.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> These instructions will be implemented from now on .</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2021	<p>The responsible person shall ensure that competency and capability assessments for staff in charge of the home are sufficiently comprehensive; the responsible person shall also ensure that such assessments are reviewed on a regular basis.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> All i place now and will be reviewed accordingly.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The responsible person shall ensure that suitable arrangements are in place which ensure that the fire alarm is tested at suitable intervals.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> A fire check is recorded weekly.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.3 & 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The responsible person shall ensure the staff duty rota includes the following: <ul style="list-style-type: none"> <li>• the capacity in which staff work</li> <li>• staff members' working hours</li> <li>• the identity of the person in charge of the home when the manager is not on duty.</li> </ul> Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Met now, with a key table of who is the competent person and hours of shifts.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2021	The responsible person shall ensure that the management of diabetes is recorded in greater detail in the care plan of an identified resident and that a risk assessment is completed for this aspect of the resident's care.  Ref: 5.2.6
	<b>Response by registered person detailing the actions taken:</b> All care plans reviewed again in depth.

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



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