



Unannounced Care Inspection Report 30 August 2019



Green Isle

Type of Service: Residential Care Home
Address: 17a New Harbour Road, Portavogie 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 registered residential care home which provides care for up to nine residents.

3.0 Service details

Organisation/Registered Provider: Green Isle Residential Home Ltd Responsible Individual: Keith Coffey	Registered Manager and date registered: Keith Coffey, 8 October 2008
Person in charge at the time of inspection: Keith Coffey	Number of registered places: 9
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 30 August 2019 from 10.35 hours to 15.10 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, care records, the dignity and privacy afforded to residents, management of complaints and incidents and maintaining good working relationships.

Three areas requiring improvement were identified. These related to the annual quality report, residents' meetings and an annual satisfaction survey.

Residents described living in the home in positive terms. Residents told us that they enjoyed living in Green Isle and that staff treated them with care and kindness.

Comments received from residents during and after the inspection, are included in the main body of this report.

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Keith Coffey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 20 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 20 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned to RQIA.

During the inspection a sample of records was examined which included:

- staff duty rotas from 26 August to 8 September 2019
- staff training schedule and training records
- two staff recruitment and induction records
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from February to August 2019
- RQIA registration certificate
- certificate of employer's and public liability insurance

Areas for improvements 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 the last care inspection dated 20 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.5 Stated: Second time	The registered person shall ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	Met
	Action taken as confirmed during the inspection: Inspection of documents confirmed that all staff had an annual appraisal completed.	
Area for improvement 2 Ref: Standard 25.8 Stated: Second time	The registered person shall ensure that the home's complaints policy is reviewed to accurately describe the role and function of RQIA in dealing with regulated services complaints and the onward referral route for complaints if local resolution is not achieved.	Met
	Action taken as confirmed during the inspection: Inspection of the home's complaints policy confirmed that this was satisfactory.	
Area for improvement 3 Ref: Standard 20.6, 20.9 Stated: Second time	The registered person shall ensure that the information regarding complaints contained in the home's Statement of Purpose and the Residents Guide is reviewed and updated.	Met
	Action taken as confirmed during the inspection: Inspection of the home's Statement of Purpose and the Residents Guide confirmed that these were satisfactory.	

Area for improvement 4 Ref: Standard 11.1 Stated: First time	The registered person shall ensure timely liaison with trusts to arrange annual reviews of care.	Met
	Action taken as confirmed during the inspection: Inspection of correspondence with trusts confirmed that timely liaison had taken place.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff along with kitchen staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home and that they got supervision directly from the manager. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff.

All senior care staff had an assessment of their competency and capability to ensure that they can take charge of the home when the manager was not present.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We looked at the records kept by the manager and saw that staff were registered.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion. A report on the safeguarding arrangements for the previous year was being prepared.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. All bedrooms had an en-suite bathroom. We found that bedrooms and bathrooms were personalised and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There was a communal lounge and dining room for the use of residents on the ground floor which also provided space for activities and meetings. We saw that all fire exits were free from obstruction and that all furniture throughout the home was in good repair.

Restrictions

The manager told us that he makes sure that residents living in Green Isle enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

Residents who were safe to leave the home alone or with family could exit by asking staff to open the door. There was almost always staff near the front door who could easily do this. For residents who may be at risk of falling, pressure alarm mats were used to alert staff if residents had left their beds or seats. When we looked at care records for residents we saw that any restrictions were documented. The manager told us that any restrictions were discussed and agreed with residents and their relatives, kept under review and removed when they were no longer needed.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. We saw how staff used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

We found that the bins in the ground and upstairs communal bathroom did not have lids. We also found that there were no dissolvable laundry bags, to be used for any infected laundry, available in the home. The manager agreed to source suitably enclosed bins and laundry bags and later confirmed that these were in place.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Green Isle. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The manager described how there were good working relationships between professionals and how this contributed to the planning and delivery of effective care for residents.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. We saw from care records that staff were proactive in looking for the causes of falls and ways to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home and we saw that residents laughed and joked with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident liked to do and their food preferences. Residents' daily routines were also recorded and staff told us that these routines depended on what residents decided to do each day.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the range of activities available and how they made sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents were engaged in a memory game and that they thoroughly enjoyed this. A programme of available activities was displayed along with photographs of recent activities. Residents said that they enjoyed the activities on offer.

Resident involvement

The manager described how residents were given the opportunity to discuss any issues and to make suggestions about the quality of care and services provided in the home. This happened mostly on an individual basis. There were rarely residents' meetings. The benefit of having meetings for residents was discussed with the manager. This was identified as an area for improvement to comply with the Standards.

Staff told us that the manager always made himself available to speak with any residents or their family members if they wished to discuss any issues or concerns.

We found that no annual satisfaction survey had been completed since 2017-18. This was identified as an area for improvement to comply with the Standards.

Residents made the following comments:

- "This is great fun!"
- "Keith (manager) is great, they (staff) are all great. They give us a laugh."
- "We're feeling a bit lazy today, but we enjoy this."
- "I had a lovely lunch. The food is great here."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and to the dignity and privacy afforded to residents.

Areas for improvement

Two areas were identified for improvement. These were in relation to regular residents' meetings and to the annual satisfaction survey.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager described how he spent some time working on the floor to make sure that the care delivered to the residents by the staff was good; this also allowed him to get to know the residents well.

The manager also spent time completing managerial tasks to support the smooth running of the home. He also looked for any ways in which care can be improved. This is done through making sure that staff are properly supported to do their jobs. The manager made sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks were completed.

We found that there had not been an annual quality report completed since 2017-18. This was identified as an area for improvement to comply with the Regulations. We discussed with the manager what areas should be considered in reviewing quality standards in the home and how improvement could be measured and demonstrated.

Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

Some examples of recent compliments were:

- “To (the staff team) who helped to make my birthday such a wonderful day. Without you all it would not have been the same, thank you all so much.”
- “We would like to offer our sincere thanks to our (relative’s) companions in Green Isle, past and present who not only looked after her...and made her feel happy and loved...for that professional and personal touch which raised her quality of life to new levels, to your staff for maintaining a healthy, safe and loving environment and for the friendly and warm welcome we received on every visit.”

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. He also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents and maintaining good working relationships.

Areas for improvement

One area was identified for improvement. This was in relation to the annual quality report.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Keith Coffey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 17 Stated: First time To be completed by: 29 November 2019	The registered person shall ensure that the quality of services is evaluated annually and a report prepared. Ref: 6.6 Response by registered person detailing the actions taken: This is something that is being addressed and will be completed by the 29 th November 2019 and will then be carried out annually ongoing.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 1.2 Stated: First time To be completed by: 29 November 2019	The registered person shall ensure that regular residents' meetings are held in the home. Ref: 6.5 Response by registered person detailing the actions taken: This is something that is being addressed and from 29 th November 2019 regular residents' meetings will be held to allow them to express their views, and to consult them on the running of the home.
Area for improvement 2 Ref: Standard 1.6 Stated: First time To be completed by: 29 November 2019	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. Ref: 6.5 Response by registered person detailing the actions taken: This is something that is being addressed and will be completed by 29 th November 2019. It will then be carried out on an annual basis ongoing.

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



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