

Announced Premises Inspection Report 06 October 2016



Green Isle

Type of Service: Residential Care Home
Address: 17a New Harbour Road, Portavogie, BT22 1EE
Tel No: 028 4277 2644
Inspector: C Muldoon

1.0 Summary

An announced premises inspection of Green Isle Residential Home took place on 06 October 2016 from 10.00 to 12.45hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However, some issues were identified for attention by the registered provider. Refer to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. However, one issue was identified for attention by the registered provider. Refer to section 4.6.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Keith Coffey (Registered Manager and Responsible Person), as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 12 December 2013.

2.0 Service Details

Registered organisation/registered provider: Green Isle Residential Home Ltd Mr Keith Coffey	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

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mr Keith Coffey (Registered Manager and Responsible Person).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The Inspection

The most recent inspection of Green Isle was an unannounced care inspection on 09 September 2016. The completed QIP will be assessed by the specialist inspector and validated at their next inspection

4.2 Review of requirements and recommendations from the last premises inspection dated 12 December 2013

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27.-(2)(c) 27.-(2)(q) Stated: Second time	The thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions	Met
	Action taken as confirmed during the inspection: There were records from a plumbing contractor confirming the periodic servicing of the thermostatic mixing valves including a cold water failure check. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.	
Requirement 2 Ref: Regulations 13.-(7) 14.-(2)(c) Stated: First time	The reason for the temperature of the unblended hot water being outside the range for effective control of legionella should be investigated and rectified. Reference should be made to HSE approved code of practice and guidance L8 <i>Legionnaires's disease – the control of legionella bacteria in water systems</i> and Health Technical Memorandum 04-01 <i>The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems</i> .	Met
	Action taken as confirmed during the inspection: Records show that most of the water temperatures are in line with the above guidance. Refer also to section 4.3 item 2 and recommendation 2 in Quality Improvement Plan.	
Requirement 3 Ref: Regulation 27.-(4)(d)(iii) Stated: First time	The emergency plan should be tested and rehearsed by staff using the information in the PEEPs.	Met
	Action taken as confirmed during the inspection: In the review of the fire risk assessment carried out by an accredited assessor in September 2016 it is confirmed that appropriate fire training and drills are being carried out.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. It should be confirmed with the plumbing contractor that cleaning of the strainers, where fitted, is included in the servicing of the thermostatic mixing valves. The periodic service of the thermostatic mixing valves has become due.
Refer to recommendation 1 in Quality Improvement Plan.
2. The blended and unblended water temperatures are recorded monthly. Some of the temperature readings associated with the ground floor installation appear to be inconsistent. The legionella risk assessment was last reviewed by a specialist contractor in March 2013 and a further review should be carried out using the current guidance (HSG274 Part 2 2014) which supports the code of practice for the control of legionella (L8).
Refer to recommendation 2 in Quality Improvement Plan.
3. There was a Gas Safe certificate dated 14 August 2015 for the cooker installation. The manager confirmed that a further Gas Safe inspection was carried out on 27 September 2016 and the certificate is pending.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. There are no arrangements for relevant safety alerts to be obtained and actioned. For example, EFA/2015/001 relating to window blind cords.
Refer to recommendation 3 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Keith Coffey (Registered Manager and Responsible Person) part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>It should be ensured that cleaning of the strainers, where fitted, is included in the servicing of the thermostatic mixing valves.</p> <p>The periodic service of the thermostatic mixing valves has become due and should be followed up.</p> <p>Response by registered provider detailing the actions taken: Cleaning of the strainers has been brought to the attention of the person servicing the thermostatic mixing valves and the additional recording of same has been introduced. Arrangements have been made to carry out the service including cleaning of the strainers on 19 November 2016 – documentation to follow.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 06 November 2016 and Ongoing</p>	<p>The legionella risk assessment should be reviewed. The action plan and scheme of legionella control arising from the risk assessment should be fully implemented within timescales acceptable to the risk assessor.</p> <p>Reference should be made to the document HSG274 Part 2 which supports the code of practice for the control of legionella (L8).</p> <p>The ground floor unblended water temperatures should be reviewed using HSG274 Part 2 and the necessary adjustments made to the water installation and or monitoring procedures.</p> <p>Response by registered provider detailing the actions taken: The legionella risk assessment is to be reviewed on 24 November 2016 with the Action Plan and scheme of legionella control fully implemented. The ground floor unblended water temperatures have been reviewed and the necessary adjustments have been made by our maintenance officer.</p>
<p>Recommendation 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 06 November 2016 and Ongoing</p>	<p>A procedure should be established for a responsible person to visit the Northern Ireland Adverse Incident Centre (NIAIC) website weekly and action any relevant safety alerts.</p> <p>Response by registered provider detailing the actions taken: This is already done by Administrative staff on a weekly basis since 2011 and these are noted and signed appropriately. Any relevant alerts are brought to the attention of management and copies are placed in the folder for the information of all other relevant parties.</p>

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



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