

Inspection Report

Name of Service: Green Isle

Provider: Green Isle Residential Home Ltd

Date of Inspection: 6 May 2025 & 12 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Green Isle Residential Home Ltd
Responsible Individual:	Mrs Lesley Ann Coffey
Registered Manager:	Mrs Lesley Ann Coffey, not registered
Service Profile: Green Isle is a registered residential care home which provides health and social care for up to nine residents. Residents' bedrooms are located over two floors. The communal lounge and dining room are located on the ground floor. Residents have access to an attractive enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 6 May 2025, from 10.30am to 1.30pm, completed by a pharmacist inspector and on 12 May 2025, from 11.00am to 1.00pm completed by a finance inspector. The inspection focused on medicines management and the management of residents' finances and property within the home.

The findings of the medicines management inspection on 5 December 2024 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to personal medication records, management of controlled drugs, robust audit systems, secure storage of medicines and care plans for the management of distressed reactions. The management team were given a period of time to address the issues identified. This follow-up inspection (6 May 2025) was undertaken to evidence if the necessary improvements had been implemented and sustained.

Improvements in the systems in place for the management of medicines were observed. Medicines were stored securely. Medicine records and medicine related care plans were in place and up to date. There were effective auditing processes in place to identify any shortfalls and to ensure residents were administered their medicines as prescribed. Residents were administered their medicines as prescribed. However, the area for improvement in relation to the management of controlled drugs records was stated for a second time.

A finance inspection was undertaken on 12 May 2025 to evidence how residents' finances are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to the management of residents' finances. No new areas for improvement were identified during the finance inspection.

The areas for improvement identified at the last care inspection were carried forward for review at the next inspection. Details of the inspection findings, including the area for improvement stated for a second time and areas for improvement carried forward for review at the next inspection can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, 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, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 Personal medication records

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

Improvements were noted in the management of personal medication records. Records reviewed were fully complete and up to date with the most recent prescription. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. Full directions for the all medicines prescribed were recorded on personal medication records including the maximum daily dosage and minimum interval for administration for medicines prescribed to be given on a when required basis.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. A review of records evidenced personal medication records had been accurately completed.

3.3.2 Management of controlled drugs

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in a controlled drug record book. Some pages in the controlled drug record book were not completed fully and accurately i.e. the form and strength of the controlled drug had not been recorded and where a medication had been returned to the pharmacy for destruction the balance in the controlled drug record had not been updated and signed and dated by two staff members. It was agreed that outstanding balances that had not been updated would be immediately corrected following the inspection. An area for improvement in relation to the management of controlled drugs was stated for a second time.

3.3.3 Governance and audit

Following the last medicines management inspection, the manager implemented a robust audit tool which covers all aspects of the management of medicines. The audit was completed monthly and where shortfalls were identified there was evidence that this had been discussed with staff and addressed.

The audit trails completed at the inspection indicated that medicines were being administered as prescribed.

It was agreed that this level of audit would be continued in order to ensure that the improvements noted at this inspection are sustained.

3.3.4 Secure storage of medicines

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. Medicines which had been previously been stored in an unlocked cupboard had been moved to locked storage. A lock had also been placed on medicines refrigerator. Satisfactory arrangements were in place the storage of controlled drugs.

3.3.5 Care plans for the management of distressed reactions

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded on the personal medication record. Following the last medicines management inspection resident-centred care plans were put in place. The majority of records of administration included the reason for and outcome of each administration; this was discussed with the manager for review and on-going vigilance.

3.3.6 Management of residents' finances

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies confirmed that the records were up to date. No valuables were held on behalf of residents at the time of the inspection.

Discussion with the manager confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Records confirmed that reconciliations (checks) between the monies held on behalf of residents and the records of monies held were undertaken on a monthly basis. The records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Two residents' finance files were reviewed; written agreements were retained within both files. The agreements included the details of the weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. The agreements reviewed were signed by the resident, or their representative, and a representative from the home.

There was evidence that a review of the residents' agreements was being undertaken at the time of the inspection. The review was to ensure that all residents' agreements were in place and showed the current weekly fee. The agreements were also being updated to show the

current charges for additional services provided to residents, such as hairdressing. The manager advised that the review will be completed by 30 June 2025. Discussions with the manager confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Trusts.

A sample of records of monies deposited at the home, on behalf of two residents, evidenced that the records were up to date. In line with good practice receipts were provided to the person depositing the monies.

A sample of records of payments to both the hairdresser and podiatrist was reviewed. The records were up to date. Good practice was observed as the hairdresser and podiatrist had signed the records, along with a member of staff, to confirm that the treatments took place

A review of a sample of records of purchases undertaken on behalf of residents showed that the records were up to date. The majority of the records reviewed contained two signatures. In line with good practice receipts from the purchases were retained for inspection.

The manager agreed to review the system for recording transactions made on behalf of residents in order to aid the audit process. This will include ensuring that two signatures are recorded against the transactions at all times.

A review of one resident's file evidenced that a property record was in place. The record was updated with additional items brought into the resident's room following admission. There was no recorded evidence to show that the personal possessions were checked at least quarterly.

The manager informed the inspector that the system for recording all residents' personal property was under review and provided assurances that a revised system would be implemented by 30 June 2025.

Policies and procedures for the management and control of residents' finances and property were available for inspection. The manager advised that the policies and procedures were being updated as part of the home's systematic review process.

Discussion with the manager confirmed that no transport scheme was in place at the time of the inspection.

4.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been stated for a second time where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes one that have been stated for a second time and four which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lesley Ann Coffey, Responsible Individual, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: From the date of inspection (6 May 2025)	The registered person shall review the management of controlled drugs to ensure records are accurately maintained. Ref: 3.3.2 Response by registered person detailing the actions taken: I will ensure the name, form and strength of controlled drugs is written in the controlled drugs book and when returning medication to pharmacy i will ensure that the balance is updated in the controlled drugs book and checked and signed by two members of staff.
Area for improvement 2 Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: From the date of inspection (4 September 2024)	The registered person shall ensure that dental cleaning tablets are safely stored in accordance with Control of Substance Hazardous to Health (COSHH) requirements. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 1 November 2024	The registered person shall ensure that staff's registration with NISCC is regularly audited and documented. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 2 Ref: Standard 6.6	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the impact of a locked keypad on DOL safeguards.

<p>Stated: First time</p> <p>To be completed by: 1 November 2024</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.9</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2024</p>	<p>The registered person shall ensure that a record is kept of all activities that take place within the home.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>

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