Inspection Report

04 September 2024

Green Isle

Type of service: Residential
Address: 17a New Harbour Road, Portavogie, BT22 1EE
Telephone number: 028 4277 2644

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
Person in charge at the time of inspection: Mrs Lesley Ann Coffey	**Number of registered places:** 9
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	**Number of residents accommodated in the residential care home on the day of this inspection:** 7
Brief description of the accommodation/how the service operates: This home 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 4 September 2024, from 10.00am to 5.30pm by a care Inspector.

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

The home was clean, well-lit and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Green Isle was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Green Isle.

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

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 areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Lesley Ann Coffey, manager,at the conclusion of the inspection

4.0 What people told us about the service

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The staff are approachable and the food is good". Another resident spoke of how, "I am well looked after, I have no complaints."

A relative spoke of how, "The care is excellent and the staff are attentive."

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

Two completed questionnaires were received from residents following the inspection. These had positive comments such as," Excellent care," and "Very caring people."

No additional feedback was provided from relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 21 September 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 16 (1) **Stated:** First time	The registered person shall ensure that relevant care plans are developed alongside an assessment of the resident's needs. Care plans should be sufficiently detailed to accurately inform the care required.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 12 (1) (b) **Stated:** First time	The registered person shall ensure that, in the event of an unwitnessed fall, staff take appropriate action and seek medical advice or treatment, as per current best practice guidance.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 6.2	The registered person shall ensure that care plans are developed to reflect the recommended use of pressure relieving	**Met**

Stated: Second time	equipment for individual residents. The type of equipment and the recommended setting should be included in the care plan.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time	The registered person shall ensure that, in order to keep care records up to date and accurate, staff carry out required actions identified from care record audits within the timeframe specified in the action plan.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 6.2 **Stated:** First time	The registered person shall ensure that where buzzer mats are in use relevant care plans are developed and consultation with the resident, or their relative, is demonstrated.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Review of the system in place to ensure appropriate staff registration with the Northern Ireland Social Care Council (NISCC), highlighted that there was no written evidence that this was being reviewed on a monthly basis. An area for improvement was identified.

There was evidence of ongoing staff meetings. It was discussed with the manager the need for these minutes to be signed by staff.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

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; and to provide residents with a choice on how they wished to spend their day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine 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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents. Whilst there was a choice of meals offered, the second choice was not written on the menu board. This was discussed with the manager for her action.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home.

Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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 records. Care plans reviewed did not make reference to the impact of a keypad door, in relation to Deprivation of Liberty Safeguards (DoLS). An area for improvement was identified.

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. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

In two on-suite bathrooms, tubes of steradent were found. These was removed by staff immediately when brought to their attention. An area for improvement was identified

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

A fire door on the first floor landing was found to have a key in it. The manger was asked to have this practice reviewed with the person responsible for completing the Fire Risk Assessment. RQIA received confirmation following the inspection that this practice had been reviewed, and a thumb turn device had been fitted to the door.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Some wardrobes were not attached to the wall in resident's bedrooms. This was discussed with the manager, and confirmation was received following the inspection that this had been actioned.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was evidence of regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was evidence of activities being provided for the residents. The frequency of these activities as evidenced by the records were found to be inconsistent. This was discussed with the manager, and an area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Lesley Ann Coffey has been the acting manager in this home since 29 February 2024.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. It was discussed with the manager for these to include audits of the environment, and the training provided for staff. This will be reviewed at a subsequent inspection

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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 or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints.

Staff commented positively about the manager her as supportive, approachable and always available for guidance.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lesley Ann Coffey, manager, 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	
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. Ref: 5.2.3
	Response by registered person detailing the actions taken: All dental cleaning tablets are stored in a locked cupboard and away from Residents
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
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. Ref: 5.2.1
	Response by registered person detailing the actions taken: I have been regularly checking the NISCC website to see if all staff are registered, I then print out the sheets and keep them in our audit file, I also remind staff when their next annual NISCC fee is due.
Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 1 November 2024	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. Ref 5.2.2
	Response by registered person detailing the actions taken: I make sure to check care plans everyday to see if they are up to date and if they are not I will edit them then and there also making sure the proffesional notes are reflected in the care plans. The locked key pad is documented in the care plans of each service user that has a DOL in place, we have also made the service users aware that there is a locked key pad.
Area for improvement 3 **Ref:** Standard 13.9 **Stated:** First time	The registered person shall ensure that a record is kept of all activities that take place within the home. Ref 5.2.4

To be completed by: 01 November 2024	**Response by registered person detailing the actions taken:** I notified all staff to regularly check and update the activities record, I also check the activities file once daily.

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

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