

Inspection Report

Name of Service:

Green Isle

Provider:

Green Isle Residential Home Ltd

Date of Inspection:

11 July 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
<p>Service Profile –</p> <p>This home is a registered residential care home which provides health and social care for up to nine residents, and to residents living with dementia. 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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 July 2025, between 9.30 am and 4.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last joint medicines management and finance inspection on 6 & 12 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated again, and one will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Comments included, "It couldn't be better here!" and, "The food is good, my family visit and the views are amazing". Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "I love it here! no complaints whatsoever. The staff are brilliant!" Another resident said, "I enjoy living here, I have no concerns."

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.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices 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.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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

3.3.2 Quality of Life and Care Delivery

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

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.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

The dining experience was an opportunity for 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. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. It was discussed with the manager the need for a second choice for lunch and dinner to be listed on the menu board.

The importance of engaging with residents was well understood by the manager and staff.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as bingo, musical activities, arts and crafts and games

3.3.3 Management of Care Records

A range of assessments was not in place to inform the care planning process for individual residents. This was discussed with the manager and an area for improvement was identified. 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 person centred and regularly reviewed and updated. Care staff recorded regular evaluations about the delivery of care. It was discussed with the manager that these evaluations could be more person centred.

Care plans reviewed did not reflect recent weight loss of identified residents, and also lacked specific detail about the management of diabetes. The manager agreed to review these. An area for improvement was identified. 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 stated for a second time.

Care plans reviewed were not signed by residents or their representatives, an area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Rolls of disposable aprons were sitting on handrails around the home. The need to store these appropriately was discussed with the manager.

In an on suite bathroom, a tube of steradent was found. This was brought to the person in charges attention. An area for improvement was stated for a second time.

The laundry door was found unsecured and detergents were stored in an unlocked cupboard within the room. This was brought to the person in charges attention. An area for improvement was identified.

The floor in the utility room off the kitchen required repair or replacement. The manager confirmed via email on the 23 July that this was being addressed.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Lesley Ann Coffey has been the manager in this home since 29 February 2024.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Due to the manager not being on duty, the inspector was unable to review some records which require to be held confidentially; these will be reviewed at a future inspection. However, any person in charge in the absence of the manager should be able to access non confidential governance records such as the home's current fire risk assessment, fire drills and full training records. This was identified as an area for improvement.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Victoria Costello, senior care assistant, as part of the inspection process. Verbal feedback was given to the manager over the telephone on the 16 July 2025. 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 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
	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.
Area for improvement 2 Ref: Regulation 14 (2)(a)(c) Stated: Second time To be completed by: 11 July 2025	The registered person shall ensure that dental cleaning tablets are safely stored in accordance with Control of Substance Hazardous to Health(COSHH) requirements. Ref: 2.0 & 3.3.4 Response by registered person detailing the actions taken: All dental cleaning tablets are safely locked away in a store room.
Area for improvement 3 Ref: Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: 11 July 2025	The Registered Person shall ensure that the laundry door is kept locked at all times when not in use. Ref: 3.3.4 Response by registered person detailing the actions taken: Laundry room door is now locked at all times when not in use.
Area for improvement 4 Ref: Regulation 19 (2) (b) Stated: First time To be completed by: 11 July 2025	The registered person shall ensure that relevant records are available for inspection in the home at all times. Ref: 3.3.5 Response by registered person detailing the actions taken: All records will be available for inspectors to view during their inspections.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: 1 August 2025</p>	<p>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> <p>Ref 2.0 & 3.3.3</p> <p>Response by registered person detailing the actions taken: All care plans now include information about the locked keypad and will be updated as and when needed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2025</p>	<p>The Registered Person shall ensure that each resident has a range of assessments in in place that are kept under regular review.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: New assesments are now in place for all new and exsisting residents.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2025</p>	<p>The responsible person shall ensure that residents care plans contain sufficient detail to ensure care needs are met. This is stated in relation to the management of weight loss and diabetes</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All weight loss has been documented in the care plans along with more indepth information about diabetes.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2025</p>	<p>The responsible person shall ensure that the resident or their representative ,where appropriate, signs their care plan.</p> <p>Ref: 3.3.3.</p> <p>Response by registered person detailing the actions taken: Residents and their Representatives have been given the option to sign the care plans, if they don't want to sign it we will then document that.</p>

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