



# Unannounced Care Inspection Report 3 February 2020



## Innisfree

**Type of Service: Residential Care Home**  
**Address: 110 Buckna Road, Broughshane, BT42 4NR**  
**Tel No: 028 2568 4497,**  
**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://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 28 residents, within the categories of care as shown in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Innisfree  <b>Responsible Individual:</b> Shauna Anne Stanford	<b>Registered Manager and date registered:</b> Shauna Anne Stanford 1 April 2005
<b>Person in charge at the time of inspection:</b> Deputy Manager: Caroline Forsythe	<b>Number of registered places:</b> . Total number 28 comprising: RC - I RC – DE (Max 11) RC – LD RC – PH (E)
<b>Categories of care:</b> RC - Residential Care I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 28 residents.

### 4.0 Inspection summary

An unannounced inspection took place on 3 February 2020 from 11.00 hours to 15.05 hours.

This inspection was undertaken by the care inspector

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 throughout the inspection in relation to the open culture and ethos of the home; dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents. There was also evidence of effective governance systems and processes for the provision of safe, effective, compassionate and well managed care.

No areas were identified for improvement.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Caroline Forsythe, deputy manager, as part of the inspection process and can be found in the main body of the report.

#### 4.2 Action/enforcement taken following the most recent inspection dated 11 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 July 2019. Other than the action detailed in the QIP no further action was 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, for example serious adverse incidents.

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 following the inspection.

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

- staff duty rotas from 20 January 2020 to 3 February 2020
- staff training records
- two residents' records of care

- complaint records
- compliment records
- governance audits/records
- accident/incident records from 1 January 2020 to 3 February 2020
- reports of visits by the registered provider/monthly monitoring reports dated January 2020 and December 2019
- RQIA registration certificate
- liability insurance

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 11 July 2019**

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

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
<b>Area for improvement 1</b> Ref: Standard 29.1 Stated: First time	The registered person shall seek to obtain an up-to-date fire safety risk assessment.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The fire risk assessment was undertaken on 26 September 2019. The report was available for inspection. No areas for improvement were identified.	

## 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.**

On our arrival at the home we were welcomed by the deputy manager who remained on duty throughout the inspection.

As we undertook inspection of the home we observed that the ambience was pleasant and cheerful with most residents comfortably seated within the lounge chatting to staff and other residents. Some residents choose to remain within their rooms, reading or watching television. All residents were observed to be appropriately clothed with care and attention provided to their personal care. During the morning residents within the lounge participated in group singing which was led by a visitor. Residents told us they always enjoyed a sing –a-long and confirmed they had received breakfast earlier in the morning.

Staff were busy responding to residents and serving the mid -morning tea. Domestic staff undertook cleaning and pleasantly conversed with residents as they worked their way around the home. Staff were observed to be readily available to provide care and assist residents throughout the duration of the inspection. One resident commented that “staff always found time to see to them no matter how busy they were”

We observed residents move freely around the home; some used walking frames or rollators which were in good state of repair. One mechanical hoist was available for use when required. This had been serviced as required with recorded evidence retained.

The deputy manager explained the number and grades of care staff on duty and how the balance of senior care staff and care assistants were determined in accordance with the number, dependency levels of residents, layout of the home and fire safety. Review of the staff duty roster evidenced shifts worked by management, senior care staff, and care assistants; day and night care staff. Duty rotas accurately reflected the staffing levels as discussed with the deputy manager.

The deputy manager explained that staffing levels were kept under review to ensure these were safe and when necessary permanent part time staff would usually work additional hours if required.

Care records were observed to be safely and securely stored. Two care records reviewed were individualised with records pertaining to needs assessments which were complemented with risk assessments for example, falls, nutritional, bed rail and moving and handling. Holistic care plans were in place with actual and potential needs reflected. Risks identified including those relating to falls included measures in place to minimise the risk. Assessments and care plans were signed and dated by residents and staff member. Daily progress notes were recorded, signed and dated. Care plans developed by visiting district nurses were resident held and stored within their bedrooms.

The recording of resident blood pressure was discussed with the deputy manager who advised that this was not a regular occurrence. The deputy manager was advised that currently the social care model for residential care does not include the undertaking of this activity rather this would be the role of the district nurse. Following the inspection the deputy manager informed RQIA that blood pressures would not be undertaken by care staff in the home.

All areas within the home were clean, tidy, fresh smelling and comfortably heated. Furnishings were appropriate and in good state of repair. Residents' bedrooms were personalised with items such as photographs, art work, ornaments and television.

All wash rooms were exceptionally clean and tidy with resources available for the prevention of infection (IPC) available for example, seven step pictorial hand washing notices, pedal operated waste bin, liquid hand soap and disposable hand towels. Staff training in IPC was provided and recorded within training records retained. Staff confirmed that there was always a plentiful supply of IPC items available to them.

All fire doors were closed and exits unobstructed. A current fire risk assessment was in place and staff had received fire safety and fire drill training.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, infection prevention and control, risk management and the home's environment.

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

We spoke with residents and their visitors regarding the provision of care. All those spoken with confirmed they received the right care at the right time. For example, one group of residents agreed that they knew staff would see to them, provide good care and that staff always came when they were required.

Staff demonstrated good knowledge and understanding of residents care needs and planned interventions for example, what care was necessary to minimise the risk of falls, how to meet the needs of residents who require assistance with mobilising, and provision of first aid should a resident fall.

Staff who spoke to us confirmed that they received good training during their induction to ensure the right care was given. We reviewed mandatory training records which evidenced that training was ongoing with regular updates planned. Other training such as stoma care, falls

prevention and modified dietary terminology was provided to ensure staff were fully aware of the right care to be provided in this regard..

Staff told us there was effective team work; each staff member demonstrated good understanding of their role and responsibilities. One staff member explained how each morning they received a hand over from night staff and informed of any changes to a resident’s care plan. Staff also explained if they had any concerns about a residents care or colleagues practice they would raise this with the manager or her deputy.

Two care records reviewed evidenced multi-professional interventions in the provision of care, for example, district nurse, social worker, general practitioner, dietician, speech and language therapist, optician and dentist.

It was evident from discussions with staff, residents and two relatives alongside records relating to staff training and provision of resources that staff were well informed, knew their role and responsibilities; and how to provide the right care at the right time.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, training, and communication.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

When we arrived at the home we could see that residents were content and comfortable, appropriately clothed, with care and attention to personal care needs. We observed staff interact with residents in a friendly, respectful professional manner.

The atmosphere within the home was friendly and welcoming to everyone. Visitors were welcomed by staff with friendly discussions held. Relatives who spoke with us commented that they “were always made welcome and that every one of the staff were kind and caring”.

Residents told us that they were consulted about their care and that choice was always afforded, for example, what time they liked to go to bed and get up, choice at meal and snack times, and choice of whether they wished to participate in activities or not.

We observed a large number of letters and cards thanking management and staff. Positive comments were made regarding the kindness of staff and the good care provided.



Notices of daily activities were displayed in written and pictorial format within the lounge so that everyone was aware what was planned each day, for example, sing-a-longs, passive exercises, bingo, board games, arts/crafts and worship. Residents participated in group singing during the morning of inspection and played bingo during the afternoon. Residents who choose to participate enjoyed the fun and associated banter. Some residents preferred to sit and watch the group.

The home’s daily menu was displayed with choice at main meals recorded. We discreetly observed the serving of the mid-day meal within the dining room where tables were respectfully set with cutlery, condiments, drinks and napkins. Meals were nicely presented with adequate portions of food served. Some plastic discoloured tumblers placed on tables were discussed with the deputy manager who promptly removed and discarded these into the bin. Residents told us they enjoyed their meals and all the fresh baking of cakes and pasteries provided by the cook each day.

Records of meals taken by residents were maintained. The cook also maintained records of food / fridge temperatures as required under Hazard Analysis Critical Control Point (HACCP).

Comments from residents and visitors included:

- “If I buzz the staff come quickly.” (resident)
- “Can come and go out as I please.” (resident)
- “Food is really good, all fresh home cooking of cakes and buns each day.” (resident)
- “Always made to feel welcome by staff when we visit.” (visitor)
- “We treat all our residents with dignity and respect.” (staff)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 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.**

The manager, who is also the registered provider for the home is supported in her role by the deputy manager and team of mixed care and ancillary staff. The deputy manager was in charge of the home during the inspection as the manager was out on other organisational business.

There have been no changes in the management arrangements within the home since the last care inspection undertaken on 11 July 2019.

The deputy manager explained the governance systems and processes in place for the management of the home. Documents, including accidents/incidents, complaints, staff supervision and annual appraisals, staff registrations, alongside other recorded documents as cited within this report, were found to be retained with outcome data monitored by senior management to ensure that the quality of the service was in accordance with best practice.

Residents and relatives spoken with confirmed they knew who the manager was and that they frequently saw her out and about the home on a regular basis. They also told us they would not hesitate to tell the manager if they had an issue or concern.

Monthly monitoring visit reports undertaken by the responsible person during January 2020 and December 2019 were reviewed and found to be in compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Reports were available for residents, their representatives, staff and trust representatives.

Care staff spoken with gave positive feedback about management and the provision of support and necessary resources to provide safe effective care for residents, for example, training, range of equipment, supervision and appraisal.

Staff explained that they always strive to provide a high standards of care for their residents and that management operated an "open door" approach to everyone should they wish to speak with her.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care