The Regulation and Quality Improvement Authority

Unannounced Care Inspection Report
7 July 2016

Innisfree

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

1.0 Summary

An unannounced inspection of Innisfree Residential Care Home took place on 7 July 2016 from 10:30 to 14:15 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were two areas of improvement identified with this domain.

One requirement was made for all staff to receive up to date fire safety training.

A recommendation was made for the policy and procedure on adult safeguarding to be revised and updated in accordance with current guidance and with the establishment of a safeguarding champion.

Is care effective?

One area of improvement was identified within this domain.

This was a recommendation to put in place an adequate date memoir board for residents with this assessed need.

Areas of good practice were found during this inspection in that the deputy manager has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

Is care compassionate?

No areas of improvement were identified within this domain.

Areas of good practice were found during this inspection following discussions with residents who all spoke on a positive basis about their life in the home, their relationship with staff, the provision of meals and the provision of activities.

Is the service well led?

No areas of improvement were identified within this domain.

Areas of good practice were found during this inspection following discussions with the deputy manager. Such discussions reflected that she was knowledgeable about her role, legislation and standards.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Caroline Forsythe, the Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: Shauna Anne Stanford	**Registered manager:** Shauna Anne Stanford
Person in charge of the home at the time of inspection: Caroline Forsythe, deputy manager	**Date manager registered:** 1 April 2005
Categories of 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	**Number of registered places:** 28

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and the accident/incident notifications.

During the inspection the inspector met with 20 residents, five staff members of various grades, the registered provider / manager’s husband and the deputy manager.

The following records were examined during the inspection:

- Three residents' care records
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- A competency and capability assessment
- Records of audits
- Record of complaints
- Policies in the home
- Accident and incidents records
- Monitoring visit reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 February 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements of recommendations made as a result of the last inspection.

4.2 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents or staff.

On the day of inspection the following staff were on duty –

- 1 x deputy manager
- 3 x care assistants from 08:00 to 20:00 hours
- 1 x care assistant from 08:00 to 14:00 hours
- 1 x cook
- 1 x catering assistant
- 2 x domestics and 1 x domestic assistant
- The registered provider / manager's husband was also in attendance

These staffing levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home and fire safety requirements.

Inspection of a completed induction record and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided. Staff training is being developed into an e learning training programme which is ready to be implemented with staff. A matrix was in place that listed the dates of mandatory training received by staff. An inspection of this document found that mandatory training for staff was being maintained on an up to date basis.

A competency and capability assessment was in place for any member of staff with the responsibility of being in charge in the absence of the registered manager. An inspection of this record found it to be maintained satisfactorily.

Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The deputy manager confirmed that no new members of staff have been recruited to the home as staffing is very stable.

Arrangements were in place to monitor the registration status of staff with their professional body.

An adult safeguarding policy and procedure was in place dated 2 July 2013. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure did not include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the establishment of a safeguarding champion. A recommendation was made for this policy and procedure to be revised and updated accordingly.

Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Discussion with the deputy manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken which found the home clean and tidy with a good standard of décor and furnishings being maintained. The grounds of the home were well maintained with good accessibility for residents to avail of.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered.

The deputy manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained from the multi-disciplinary team, prior to admission of residents to the home.
Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

There was observed to be no obvious restrictive care practices in place.

The home's most recent fire safety risk assessment was dated 24 November 2013. There were 14 recommendations made from this assessment. Corresponding evidence was in place as signed by the registered manager that these had been dealt with. The deputy manager reported that the registered manager had been in contact with the home's aligned estates inspector about reviewing this assessment.

Review of staff training records confirmed that the last fire safety training was in July and October 2015. A requirement was made for staff to receive up to date bi-annual fire safety training.

Fire safety records identified that there were weekly checks in place for fire alarm systems.

Areas for improvement

There were two areas of improvement identified with this domain.

One requirement was made for all staff to be in receipt of up to date fire safety training.

A recommendation was made for the policy and procedure on adult safeguarding to be revised and updated in accordance with current guidance and with the establishment of a safeguarding champion.

Number of requirements	1	Number of recommendations:	1

4.3 Is care effective?

Discussion with the deputy manager established that the staff in the home responded appropriately to and met the assessed needs of the residents. Discussions with staff and management revealed they had good knowledge and understanding of residents' needs and prescribed care.

Observations of care in the lounge area identified two residents having a discussion with one another as to what day of the week and date it was. There was no date memoir board in place to facilitate this assessed need. A recommendation was made for an adequate date memoir board to be put in place.

Observations of care practice found one member of staff attending to cleaning residents' glasses in an organised manner. This had a positive impact on the well-being of the residents.

An inspection of three residents' care records confirmed that these were maintained in line with the legislation and standards. The care records included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. .

Discussion with the deputy manager confirmed that a person centred approach underpinned practice. For example discussions revealed how one resident's falls were being managed in with consultation with the resident's GP and aligned social worker.

The three care records reflected multi-professional input into the residents' health and social care needs. This was recorded on both the daily notes and a medical record sheet.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. For example, the registered manager confirmed that audits were undertaken of care records and finances on a monthly basis, medication is audited daily and an audit is completed of each incident in the home. This information adds to the governance arrangements in place by the registered manager and any areas of improvement were acted upon accordingly.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, and staff shift handovers.

Discussion with the deputy manager and staff confirmed that the management operated an open door policy in regard to communication within the home.

An inspection of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

One area of improvement was identified within this domain.

A recommendation was made to implement the use of an adequate date memoir board for residents with this assessed need.

Number of requirements	0	Number of recommendations:	1

4.4 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs were met.

The inspector met with 20 residents at the time of this inspection. In accordance with their capabilities, all spoke on a positive basis about their life in the home, their relationship with staff and the provision of meals and the provision of activities. Some of the comments made included statements such as;

- "This is a lovely place"
- "Everyone is very kind. No problems"
- "I couldn't be looked after any better"
- "Things here are just grand. I am very happy "
- "The meals are lovely"

Observation of interactions found that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected such as knocking of bedroom doors before entering and discretion of handover information.

Discussion with staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were watching television, resting or enjoying the company of one another.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. .

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them.

The overall atmosphere in the home was relaxed with residents found to be comfortable, content and at ease in their environment and interactions with staff.

Areas for improvement

No areas of improvement were identified within this domain.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is the service well led?

The deputy manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff.

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure. Inspection of the complaints records established that there were arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Learning from accidents and incidents was disseminated to staff through discussion at staff meetings.

The reports of the last two registered provider visits were inspected. These were found to be satisfactorily maintained.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure.

Staff spoken with confirmed that they were familiar with management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The deputy manager confirmed that the home operated in accordance with the regulatory framework. Discussions with the deputy manager found that she was knowledgeable about her role, legislation and standards.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

Areas for improvement

No areas of improvement were identified within this domain.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Caroline Forsythe, Deputy Manager, as 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 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 provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider 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 care.team@rqia.org.uk for review 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

Statutory requirements	
Requirement 1 **Ref**: Regulation 27(4) (e) **Stated:** First time **To be completed by:** 7 July 2016	The registered provider must ensure that all staff receive up to date fire safety training. **Response by registered provider detailing the actions taken:** All staff have undertaken fire training and Manager has amended training schedule to ensure fire training takes place very six months.
Recommendations	
Recommendation 1 **Ref**: Standard 16.1 **Stated:** First time **To be completed by:** 7 October 2016	The registered provider should revise and update the policy and procedure on adult safeguarding in accordance with current guidance and with the establishment of a safeguarding champion. **Response by registered provider detailing the actions taken:** The latest guidance document has been downloaded and the information has been identifed which needs to be incorporated into the home's policy and procedure on Adult Safeguarding. This will be completed before 7 October 2016
Recommendation 2 **Ref**: Standard 9.2 **Stated:** First time **To be completed by:** 7 July 2016	The registered provider should implement the use of an adequate date memoir board for residents with this assessed need. **Response by registered provider detailing the actions taken:** Following the inspection the staff looked for he memoir board which was located in the sittng room. Unfortunately it could not be located and a new board has been ordered which is due to arrive on 3rd September 2016.

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

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