

# Unannounced Care Inspection Report 8 March 2018



## Innisfree

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

[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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 28 beds that provides care for residents with categories of care as detailed in 3.0 of this report and in its certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Innisfree  <b>Responsible Individual:</b> Shauna Stanford	<b>Registered Manager:</b> Shauna Stanford
<b>Person in charge at the time of inspection:</b> Caroline Forsythe, Deputy Manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) 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>Number of registered places:</b> 28 Maximum of 11 residents in RC-DE Maximum of five residents in RC-LD, RC-PH and RC-PH( E )

### 4.0 Inspection summary

An unannounced care inspection took place on 8 March 2018 from 10:10 to 13:00 hours.

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

The inspection 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 in relation to adult safeguarding, care records, infection prevention and control and the home's environment. There was also evidence of good practice found in relation communication between residents, staff and other key stakeholders and maintenance of good working relationships.

One area requiring improvement was identified. This was in respect of removing an obstruction to an external fire exit.

Feedback from residents throughout this inspection was all positive and complimentary about the provision of care, the kindness and support received from staff and the general atmosphere of the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

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

## 4.2 Action/enforcement taken following the most recent medicines inspection

No further actions were required to be taken following the most recent inspection on 30 June 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 20 residents, four staff, one visitor and the deputy manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two staff member' recruitment files
- Three residents' care files
- Complaints and compliments records
- Audits of risk assessments, accidents and incidents (including falls, outbreaks) and complaints
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

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 most recent inspection dated 30 June 2017

The most recent inspection of the home was an unannounced medicines inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 22 June 2017

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

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, and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Inspection of two completed induction records 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, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the deputy manager and inspection of two staff personnel

files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records inspected confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Discussions with care staff confirmed their understanding and obligations with registration with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy manager confirmed that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably pressure alarm mats. Such restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The deputy manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home’s policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents’ bedrooms were found to be personalised with photographs, memorabilia and personal items. Communal areas were comfortable and nicely facilitated. The dining room was well appointed with table appropriately set with choice of condiments.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. An area of improvement was identified with a fire safety exit which was externally obstructed with excess build-up of leaves. There were no other obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 4 July 2017. The two recommendations made from this assessment were recorded as dealt with.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Update training was scheduled for the following week. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, infection prevention and control and the home’s environment.

**Areas for improvement**

One area of improvement was identified during the inspection in relation to an external obstruction to a fire exit door.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

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

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of three residents’ care records confirmed that these were maintained in line with the legislation and standards. They included an 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 needs assessment and risk assessments such as nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evident in that they were any able to describe the individual care needs, preferences and choices of individual residents.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

Arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. This evidence of audit was contained within the monthly monitoring visit reports.

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

Observations of care practices and discussions with staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

### **Areas for improvement**

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

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



## 6.6 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.**

The inspector met with the 20 residents in the home at the time of this inspection. In accordance with their capabilities all residents confirmed that they were happy and content with their life in the home, their relationship with staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “This is a lovely place. I am very happy here and the staff are simply a delight”
- “No complaints. You couldn’t ask for any better”
- “The food is always lovely and you can get what you like, no matter what”

The inspector also met with one visiting relative who spoke in complimentary terms about the provision of care and the kindness of staff.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

Discussion with residents and staff confirmed that residents’ spiritual and cultural needs, including preferences for end of life, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced with inspection of care records. Issues of assessed need with pain had a recorded statement of care/treatment given with effect(s) of same.

Residents and staff confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with 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, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, monitoring visits and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read, with an action plan as appropriate.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents at the time of this inspection were relaxing enjoying the company of one another, watching television and/or reading. Arrangements were in place for residents to maintain links with their friends, families and wider community.

**Areas of good practice**

There were examples of good practice found throughout this inspection in relation to feedback from residents, one visiting relative and general observations of care practices and atmosphere in the home.

**Areas for improvement**

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

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

**6.7 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 deputy manager confirmed that the 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, displayed information and care review meetings. Discussion with the deputy manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Four expressions of complaint had been received since the previous inspection. These were found to be taken seriously and managed appropriately. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The reports of the last three months visits were inspected and found to be maintained in detail.

Discussions with the deputy manager confirmed that there was a practice of learning from complaints, incidents and feedback and this was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they felt no hesitation in reporting any concerns to management and acknowledge that these would be acted on positively. Discussions also confirmed that there were good working relationships within the home and that management were responsive to suggestions.

### **Areas of good practice**

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

### **Areas for improvement**

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

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

## 7.0 Quality improvement plan

The one areas of improvement identified during this inspection is detailed in the QIP. Details of the 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 residential care 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 March 2018</p>	<p>The registered person shall ensure that there is no obstruction to a fire exit door at all times. Reference to this is made with the external obstruction with an excessive build-up of leaves.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Leaves have now been removed from outside the fire exit door.</p>

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



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