



The Regulation and
Quality Improvement
Authority

Innisfree
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**Unannounced Care Inspection
of
Innisfree**

9 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 9 February 2016 from 10:30am to 2:20pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. No areas of improvement were identified at this inspection.

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

1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement Resulting from This Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/ Registered Person: Shauna Anne Stanford	Registered Manager: Shauna Anne Stanford
Person in charge of the home at the time of inspection: Caroline Forsythe Deputy Manager until 12:10pm then the registered manager.	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-LD, RC-PH, RC-PH(E), RC-DE	Number of registered places: 28
Number of residents accommodated on day of inspection: 26 plus one resident in hospital.	Weekly tariff at time of inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/ Processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with 17 residents, one visiting relative, four members of staff, the deputy manager and registered manager/ registered person.

We inspected the following records: four residents' care records, monitoring visit reports, records, complaints records, record of residents' meetings and accident and incident records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 2 July 2015. The completed QIP was returned and approved by the pharmacist inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 21 May 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(4) (e) and (f)	The registered manager must ensure that all staff in the home are in receipt of up to date fire safety training and fire safety drills.	Met
	Action taken as confirmed during the inspection: All staff are now in receipt of up to date fire safety training and fire safety drills.	

Requirement 2 Ref: Regulation 27(4)(v)	The registered manager must ensure that there is no storage of combustible materials at any time in the designated smoking lounge.	Met
Action taken as confirmed during the inspection: There was no storage of combustible materials at the time of this inspection.		

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is Care Safe? (Quality of Life)

The deputy manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice.

The record of the last residents' meeting on September 2015 was inspected. Residents' views and wishes were actively sought and recorded. The record of this meeting was found to be maintained satisfactory with agreed actions delegated as necessary.

Through discussion with the deputy manager and inspection of the records of complaints it was confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

Four residents' care records were inspected in regard to this standard. These records demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the resident.

Is Care Effective? (Quality of Management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and monitoring visits by the registered person.

An inspection of the registered person's monitoring visit reports was undertaken. These reports were well maintained with evidence of residents' consultation in this process.

The home has a quality assurance programme for obtaining residents' and their representatives' views.

Copies of review forms were present within each care record. Residents and their representatives attended and participated in their care management review. Evidence was in place that any agreed actions at these meetings were acted upon.

Is Care Compassionate? (Quality of Care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

In our observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for Improvement

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents' Views

We met with 17 residents. In accordance with their capabilities, residents expressed and indicated that they were happy and content with their life in the home.

Some of the comments made included statements such as:

- "They look after me a 100%, no problems"
- "They are very good to me"
- "The food is simply lovely "
- "I love it here"
- "Everyone is very kind and good to us"
- "It's the next best thing to being at home"
- "This carer here is the greatest person ever"

5.4.2 Relative's Views

We met with one visiting relative. This relative spoke with praise and gratitude for the care provided and the kindness and support afforded by care staff.

5.4.3 Staff Views

We spoke with four staff members, in addition to the deputy manager and registered manager/registered person. The staff members advised us that they felt supported in their respective roles and that they felt a good standard of care was provided. The staff members related that they had been provided with the relevant resources to undertake their duties. The staff members demonstrated to us that they were knowledgeable of the needs of individual residents.

5.4.4 General Environment

We found that the home presented as clean and tidy. Décor and furnishings were found to be of a good standard. The temperature was comfortably warm throughout.

In our inspection of the registered person's monitoring visit reports we found that improvements to the environment were identified and subsequently acted upon.

5.4.5 Staffing

The staffing levels at the time of this inspection consisted of:

- 1 registered manager/ registered person from 12:10pm
- 1 x deputy manager
- 4 x care assistants
- 1 x cook
- 1 x catering assistant
- 2 x domestics and 1 x domestic assistant

From general observations of care practices and discussions with staff and residents these levels were found appropriate to meet the needs of residents, taking account the size and layout of the home.

5.4.6 Accident/ Incident Reports

We inspected these reports from 1 January 2016 until the date of this inspection. These reports were found to be appropriately managed and reported.

The report format for recording accidents/ incidents had been reviewed. This new format gave good account of how the resident's condition was following the event and of who was notified of this. This new format of recording was commended.

5.4.7 Fire Safety

Fire safety training including fire safety drills was maintained on an up to date basis. There was observed to be no obvious fire safety risks observed in the environment, such as wedging opening of fire safety doors, at the time of this inspection.

5.4.8 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Care duties and tasks were organised in an unhurried manner. We observed staff being attentive to residents' needs in a sensitive, patient, kind manner. The choice of television channels and music played on radios was appropriate to residents' age group and tastes.

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. Residents were observed to be enjoying the company of one another in communal areas of the home or watching television, reading or resting in their bedrooms.

An appetising choice of dinner time meal was provided for in a nicely appointed dining room.

Areas for Improvement

There were no areas of improvement identified with these additional areas examined.

No Requirements or Recommendations Resulted from this Inspection.

I agree with the content of the report.			
Registered Manager	Shauna Stanford	Date Completed	30.03.16
Registered Person	Shauna Stanford	Date Approved	30.03.16
RQIA Inspector Assessing Response	John McAuley	Date Approved	30.03.16

Please provide any additional comments or observations you may wish to make below:

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