

Inspection Report

10 July 2023



Innisfree

Type of service: Residential Care Home
Address: 110 Buckna Road, Broughshane, BT42 2NR
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Innisfree</p> <p>Registered Person Mrs Shauna Anne Stanford</p>	<p>Registered Manager: Mrs Shauna Anne Stanford</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Mrs Emma Johnston, Supervisor</p>	<p>Number of registered places: 28</p> <p>There shall be a maximum of five persons accommodated in care categories RC-LD, RC-PH and RC-PH (E). There shall be a maximum of 11 persons accommodated in care category RC-DE (mild to moderate dementia).</p>
<p>Categories of care: 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</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 23</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Residential Care Home which provides health and social care for up to 28 residents. The home is situated on the ground floor of the building with single bedrooms. Residents have access to two communal lounges, four bathrooms, the dining room and a patio and garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 July 2023, from 9.45 am to 4.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that they were happy in Innisfree and spoke highly of the staff team. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us that Innisfree was a great place to work, there was a good sense of teamwork and that the management team were approachable and supportive.

Specific comments received from residents, staff and professionals are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other. Staff were knowledgeable with regards to the residents' assessed needs and preferences.

New areas requiring improvement were identified in relation to assessments and care plans, Control of Substances Hazardous to Health (COSHH) and the outside environment.

RQIA were sufficiently assured that the delivery of care and service provided in Innisfree was safe and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Emma Johnston, supervisor at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy in Innisfree and described the staff as “great” and “lovely” Residents’ comments included, “Yes, it’s a lovely place, the staff are great” and “yes, it is great, I have no worries.” Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

Staff spoke positively in terms of the provision of care in the home. One staff member said “I am happy here, the residents are well cared for.” Another staff member told us, “this is a great team, we provide a good service.”

We spoke with one visiting professional who told us, “the girls know what they are doing, there is very good communication between the home and ourselves.”

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment received referred to the “great job” the home was doing.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 11 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 32 Stated: Second time	The registered person shall ensure that the medicine trolley and cupboards are attached to the wall to ensure security and safety.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as	

	part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23.4 Stated: First time	The registered person shall ensure that all staff receive dysphagia training, in line with their roles and responsibilities.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Standard 35.7 Stated: First time	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff carry out effective hand hygiene measures at the appropriate times.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to monitor staffs' professional registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated excellent knowledge of their roles and responsibilities regarding Adult Safeguarding, Infection Control and Dysphagia.

The staff duty rota accurately reflected the staff working in the home on a daily basis including the capacity in which they worked. The duty rota identified the person in charge when the manager was not on duty. There was evidence that the person in charge competences were carried out on a yearly basis.

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.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents comments included, "the staff are very good" and "the staff are pleasant."

Visiting professionals said "the staff know what they are doing, I have no concerns, they are very good"

5.2.2 Care Delivery and Record Keeping

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.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy

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.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff chatted to and supported residents throughout the lunchtime meal. Some residents requested their lunch in their bedrooms and this was facilitated by staff.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. The menu was in display in the dining room.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment 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.

A review of care records indicated that although assessments and care plans had been reviewed they had not been updated to reflect the changes in individual residents' needs and in some cases contradicted each other. This was discussed with the supervisor during feedback for action. Two areas for improvement were identified.

Residents' individual likes and preferences were reflected throughout the records. An issue was raised with regards to unnecessary risks being taken with regards to facilitating residents' who smoke, this was discussed with the supervisor who agreed to address this issue. Assurances were provided following the inspection that this had been fully addressed, therefore an area for improvement was not identified at this time. This will be reviewed at the next inspection.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Corridors were clean and free from clutter or hazards. One fire door had been obstructed with chairs, this was brought to the attention of the supervisor who removed the chairs immediately and instructed staff not to place any furniture in front of fire doors.

Concerns were identified regarding the lack of effective management of risk to residents. The domestic cleaning trolley was left unattended, a sluice room containing hazardous substances were unlocked. In various bathrooms' cupboards containing various creams were accessible and unlocked. This was discussed with the supervisor during the inspection for immediate action. An area for improvement was identified.

Residents' bedrooms were personalised with photographs and other items of memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Residents' comments with regards to the bathrooms and the outside area were discussed with the supervisor for action.

The outside area was in need of weeding and unused, damaged furniture required removal. This was discussed during feedback with the supervisor, an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The latest fire risk assessment was completed on 23 January 2023, all actions have been signed off as being completed.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of Personal Protective Equipment (PPE) throughout all three houses.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. All staff adhered to regional hand hygiene best practice, including being 'bare below the elbows'.

5.2.4 Quality of Life for Residents

Discussion with residents and staff 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 were facilitated if appropriate to go out to the local town to shop, taxis were arranged for these residents as needed.

It was observed that residents were offered 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.

Residents' needs were met through a range of individual and group activities such as arts and crafts, music and quizzes.

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

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Shauna Anne Stanford has been the Manager of this home since April 2005.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

No recent complaints had been recorded, however, the supervisor told us that us that any complaints would be seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	2*	3

* the total number of areas for improvement includes one regulation that has been carried over for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Emma Johnston, supervisor, as part of the inspection process. 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 32 Stated: Second time To be completed by: 25 January 2023	The registered person shall ensure that the medicine trolley and cupboards are attached to the wall to ensure security and safety. Ref 5.1 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.

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection</p>	<p>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety.</p> <p>Ref: 5.2.3</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection</p>	<p>The registered person shall ensure that all assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents.</p> <p>Ref: 5.2.2</p>
<p>Response by registered person detailing the actions taken: It has been reiterated to care staff to update assessments as changes occur and there will be allocated time assigned to oversee that all assessments are up to date.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection</p>	<p>The registered person shall ensure that all care plans are kept under review and amended as changes occur to accurately reflect the needs of the residents.</p> <p>Ref: 5.2.2</p>
<p>Response by registered person detailing the actions taken: All care plans will be kept under review to ensure they are up to date and accurately reflect the plan of care required for all residents</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the grounds are kept tidy, safe, suitable for and accessible to all residents.</p> <p>Ref 5.2.3</p>

To be completed by: From date of inspection	Response by registered person detailing the actions taken: There will be a skip on site to remove artices which are no longer needed.This will also remove the carpet from the lounge and corridors which has just been replaced.
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