



Unannounced Care Inspection Report 11 July 2019



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

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 detailed in its certificate of registration and in 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Innisfree Responsible Individual(s): Shauna Anne Stanford	Registered Manager and date registered: Shauna Anne Stanford 01 April 2005
Person in charge at the time of inspection: Caroline Forsythe, Deputy Manager	Number of registered places: 28
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	Total number of residents in the residential care home on the day of this inspection: 28

4.0 Inspection summary

This unannounced inspection took place on 11 July 2019 from 10.00 to 14.00 hours.

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 staffing, training, support and staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home. Good practices were also found in relation to the upkeep of the environment, management of accident and incidents and maintenance of good working relationships.

One area requiring improvement was identified during this inspection. This was in relation to seeking to update the home's fire safety risk assessment.

Residents described living in the home as being a good experience/in positive terms. Some of the comments included; "It's very good here. I am very happy and content" and "Everything is brilliant here. I heard good reports about this place before I came here but now I know them to be all correct. The staff are brilliant and couldn't do enough for you. I have a lovely room and bathroom".

Comments received from residents, a visiting relative and staff during 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
Total number of areas for improvement	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.

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

4.2 Action/enforcement taken following the most recent inspection dated 31 January 2019

No further actions were required to be taken following the most recent inspection on 31 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy issues, registration information, and any other written or verbal information received.

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 responses from questionnaires were received in time for inclusion to this report.

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

- staff duty rota
- staff training schedule and training records
- two residents' records of care
- complaint records
- compliment records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

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 31 January 2019

There were no areas of improvement identified at this inspection.

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.

Throughout this inspection residents advised that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection.

The deputy manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

The home has also the support of ancillary staff with housekeeping, catering and maintenance provision.

The deputy manager acted with competence and confidence throughout this inspection and had good knowledge and understanding of residents' needs and prescribed care interventions.

Staff induction, supervision and appraisal

Discussions with staff confirmed that any new members of staff have received an induction. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being monitored on a monthly basis.

Staff training

Inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were displayed.

Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were comfortable, spacious and mostly personalised.

Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The grounds of the home were well maintained.

Fire safety

The home's most recent fire safety risk assessment was on 4 July 2017. The two recommendations made from this assessment had corresponding evidence recorded that these were addressed. An issue of improvement in accordance with standards was identified for an up-to-date assessment to be put in place.

An inspection of the fire safety records confirmed that fire safety training, drills and environmental checks were being maintained on a regular and up to date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, staff support and the environment.

Areas for improvement

One area of improvement was identified in respect of this domain during the inspection. This was in relation to seeking to update the home's fire safety risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

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

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents' care records was undertaken. These records were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example, nutrition, falls and safe moving and handling, were reviewed and updated on a regular basis or as changes occurred.

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.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed.

One resident talked about her illness and how she came to be in the home. She advised that she felt safe in the home particularly at night which was a primary reason for her admission. She described how staff were supportive and caring and gave an example of how staff attended to her in an "excellent manner" when she had a recent fall.

One resident was identified with changes to their well-being since their previous care review on March 2019. The deputy manager was able to confirm that these changes had been reported to the aligned named worker and relevant other(s).

Human rights considerations

A bar locking system is used in the home for the safety of the residents in regard to their assessed need with orientation with dementia. The appearance and status of this is unobtrusive in that the environment does not give the appearance of being a “locked unit”. This provision has been suitably assessed and documented in individual resident’s care records. Other residents who are capable can exit this door without any difficulty in fact on the day of this inspection a resident opened the door to the inspector.

Residents’ possessions were facilitated in their own rooms. There is also the provision of a lockable drawer in residents’ bedrooms to add protection of belongings. Photographs and personal memorabilia were nicely displayed and encouraged.

Residents were seen to be treated with respect, kindness and individuality by all members of staff on duty.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs’ knowledge and understanding of residents’ needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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.

General observations of care practices throughout this inspection found residents were supported by staff in an organised, unhurried manner. Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents’ Views

Discussions were undertaken with 18 the residents in the home at the time of this inspection. In accordance with their capabilities residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

- “It’s very good here. I am very happy and content”
- “The food is very good. Always plenty to eat”

- “Everything is brilliant here. I heard good reports about this place before I came here but now I know them to be all correct. The staff are brilliant and couldn’t do enough for you. I have a lovely room and bathroom”
- “Everything is perfect. I couldn’t be treated any better by everyone of the staff”
- “I have no problems here. I love my room and sure look at the view I have”
- “I love it here....I had a fall from my bed. It is alright. The staff took great care of me”
- “Everything is perfect”
- “I am very happy here. No complaints”.

Relatives’ views

Discussions with one relative at the time of this inspection was complimentary in terms of their views on the provision of care and the kindness and support received from staff. The relative also advised that they were kept well informed of their loved one’s care and had good faith and confidence in the home. One comment made included; “They are very good here.....100%”.

Dining experience

The dining room was very clean, tidy with a good standard of décor and furnishings. Tables were nicely set with choice of condiments.

The dinner time meal was appetising, wholesome and nicely presented. The provision of choice was in place as well as staff seeking to know how each individual resident liked their meal to be served.

Staff supported residents with their needs in a kind, caring unhurried manner. There was a nice ambience in place for residents to enjoy their meal. This also was found to be the case with feedback from residents on this provision.

The catering facility appeared clean and tidy.

Social needs

At the time of this inspection, residents were content and relaxed in their environment, some were enjoying the company of one another and some were relaxing in their bedrooms, attending to pastimes of choice, such as reading, knitting, watching television or resting.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 responsible individual / registered manager was on holiday at the time of the inspection. The deputy manager assisted with this process with confidence and competence.

Throughout this inspection staff spoke in positive terms about the managerial arrangements and support.

Monitoring visits

A monthly monitoring visit by the responsible individual is undertaken in accordance with regulation. An inspection of the last three reports for 9 April 2019, 6 May 2019 and 5 June 2019 found these reports to be detailed and informative with good evidence of governance. The reports identified actions to be taken and by whom.

Accidents and incidents

These reports were inspected from the previous inspection on 31 January 2019. All these events were considered to be appropriately managed and reported to the relevant persons / agencies.

Complaints

Discussions with the deputy manager confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The deputy manager was knowledgeable on how to deal with such expressions. An inspection of the record of complaints confirmed that the last such expression was on 9 April 2019. This was found to be appropriately dealt with and recorded that the complainant was satisfied with its outcome.

Staff views

Staff spoke positively about their roles, duties, training, teamwork, support and morale. Some of the comments made included statements such as;

- “This is a very good home to work in. The care is very good and Shauna (the responsible individual) and Caroline (the deputy manager) are very supportive”
- “Everything is very good here. No problems”
- “The care, I believe is very good”.

Inspection of the record of staff meetings found that the last meeting on February 2019 was recorded in appropriate detail and gave staff and management a good platform to discuss their views.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from staff and management of accident and incidents and maintenance of good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The one area 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

Area for improvement 1	The registered person shall seek to obtain an up-to-date fire safety risk assessment.
Ref: Standard 29.1 Stated: First time	Ref: 6.4
To be completed by: 11 October 2019	Response by registered person detailing the actions taken: Mr Neil Wray is due on site on Thursday 26 th September 2019 @10.30 a.m. to undertake fire risk assessment

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



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