

Unannounced Care Inspection Report 12 December 2020



Innisfree

Type of Service: Residential Care Home
Address: 110 Buckna Road, Broughshane, BT42 4NR
Tel no: 028 2568 4497
Inspector: Alice McTavish

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 residential care home registered to provide care for up to 28 residents.

3.0 Service details

<p>Organisation/Registered Provider: Innisfree</p> <p>Responsible Individual: Shauna Anne Stanford</p>	<p>Registered Manager and date registered: Shauna Anne Stanford, 1 April 2005</p>
<p>Person in charge at the time of inspection: Emma Johnston, care supervisor</p>	<p>Number of registered places: 28</p> <p>There shall be a maximum of 5 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 home on the day of this inspection: 24</p>

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection took place on 12 December 2020 between 11.00 and 16.10 hours. The inspection sought to establish whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they received excellent care and that staff treated them with great kindness.

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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Emma Johnston, person in charge and with the manager by telephone on 14 December 2020. The timescales for completion commence from the date of inspection.

A meeting was held via video teleconference on 27 January 2021 to discuss the outcomes of the inspection in detail. This meeting was attended by the manager and deputy manager. During and following this meeting RQIA was also provided with information regarding governance and management arrangements within the home; these arrangements are discussed further within the body of this report.

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

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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report from the previous care inspection.

During the inspection the inspector met with four residents, two care staff, a member of domestic staff and the cook. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the person in charge with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- duty rotas
- complaints and compliments
- incidents and accidents
- two residents' care records
- fire safety checks.

As it was unavailable to RQIA on the day of inspection, information in relation to the following was submitted after the inspection:

- staff training
- supervision and appraisal
- staff induction
- Fire risk assessment certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and to the manager following the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2020. There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Infection prevention and control practices including the use of personal protective equipment.

Signage had been erected at the entrance to the home to reflect the current guidance relating to COVID-19. Arrangements were in place to allow for anyone entering the home to undergo a temperature check; residents had their temperatures monitored twice daily. We noted that staff were only having their temperature checked once daily while on duty rather than twice daily as required; this was highlighted to the manager who agreed to ensure that staff would have their temperature monitored twice daily from now on.

The person in charge described how residents could receive a weekly visit by a family member or friend which was arranged in advance. Staff contacted the visitor by telephone before the visit and completed a health monitoring screening to ensure that the risk of introducing COVID-19 into the home was minimised. We saw that the dedicated visiting room was close to an external door so that visitors did not walk throughout the home. There were masks, aprons and hand sanitiser available for visitors and the room was fully cleansed before and after each visit.

There was a dedicated space for staff to put on Personal Protection Equipment before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 pandemic.

We saw that some hand sanitiser dispensers were empty, although there was sanitiser available at the entrances to the home. We discussed this with the manager who agreed to ensure that the dispensers were kept full and that additional dispensers would be placed in other areas of the home. The person in charge advised that most hand hygiene was completed

by staff in residents' rooms as each had a wash hand basin. We observed that staff carried out hand hygiene at appropriate times.

Staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We saw that staff cleaned all touch points throughout the home and that the home was maintained to a high level of cleanliness.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included observation of bedrooms, bathrooms, lounges, dining room and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were also noted to be fresh smelling. Walkways throughout the home were kept clear and free from obstruction.

6.2.3 Staffing arrangements

We saw that while the duty rota accurately reflected the staff working in the home, it required some improvement with regard to clearly detailing the capacity in which staff were working. Advice was provided to the manager regarding how the template for the staff duty rota could be improved and it was subsequently agreed that these recommendations would be implemented with immediate effect.

The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working within the home and that there was effective communication between staff and management. Staff advised that although the regularity of staff meetings had been impacted by the COVID-19 pandemic, the manager still ensured there was good communication with the staff team; we saw that the communication book was used to good effect by staff.

The governance records relating to mandatory staff training were submitted after the inspection. We saw that all training had been kept up to date. We also saw that staff were provided with regular supervision and an annual appraisal.

We looked at governance arrangements in relation to professional registration of care staff with the Northern Ireland Social Care Council (NISCC). The manager was unable to provide written information on how registrations with NISCC were monitored. It was apparent that there was no robust system in regard to this (see also section 6.2.6). We also noted that one staff member required an urgent referral to NISCC for registration. This deficit was discussed with the manager who provided assurance that a system was now in place to allow for effective managerial oversight of staff registration with NISCC.

Discussion with both NISCC and an identified staff member following the inspection confirmed that the outstanding registration application was now under way.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; all staff, including catering and domestic staff, spoke to residents in a kind manner and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “All the staff are great, they couldn’t do enough for us...I had to isolate for two weeks when I came here, but I managed well and the staff made sure I had everything I needed. I feel that all the residents here are well looked after and everyone is kept nice and clean. I would definitely recommend Innisfree.”
- “I like it here...the staff are very kind.”
- “The staff are so good to me, I wouldn’t consider being anywhere else. I am delighted with my room, for it’s a great size and I have my own bathroom, so I don’t have to go down the corridor...I know how to use my call bell, although I don’t need to do that often, and the staff come to me quickly if I need anything, even at night. The food is very good and they (staff) know what I like and don’t like. If there is something that I don’t fancy, there is always something else that they get me – nothing is a bother to them!”
- “The staff are very good to me, and we can have a bit of chat and banter. They couldn’t do enough to make sure that I am comfortable and happy...and the manager and the deputy manager are lovely. I know I can go to them, or any of the staff, if there is anything that I want or need, or if I want anything changed. The place is kept very clean, they are always cleaning...I’m doing well here.”

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. The dining room was arranged so that residents could take meals whilst complying with social distancing measures. We saw that residents were encouraged to wash their hands before going to the dining room; all tables and chairs were sanitised after the meal and staff sanitised their hands when serving meals to the residents in the dining room and taking meals to those residents who chose to eat in their own rooms.

A menu was displayed and 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. We saw that staff were helpful and attentive to residents. We spoke with the cook who was able to demonstrate that he was familiar with the individual food preferences of each resident. The cook confirmed that there was a range of food options available for residents.

6.2.5 Care records

We reviewed the care files of two residents which evidenced that these were written in a professional manner and used language which was respectful of residents. We saw that comprehensive pre-admission information was received and detailed care plans were in place to direct the care required.

There was evidence within care records of care plans and associated risk assessments being completed. Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required. Presently, care staff document within each resident's care records every 48 hours unless otherwise required. The benefits of making such an entry on at least a daily basis were discussed with both the manager and deputy manager following the inspection.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and deputy manager and described them as supportive and approachable.

The manager's working pattern was considered during and following the inspection; upon request by RQIA, the manager confirmed that she is typically present within the home three days per week. The importance of maintaining robust managerial and governance oversight at all times was stressed; some aspects of existing governance arrangements are considered below and in section 6.2.3.

This inspection took place at a weekend when the management team was not on duty. The person in charge did not have access to some records. While RQIA acknowledge that some governance records are required to be stored securely due to their sensitive content, it was highlighted that such records should remain available to RQIA at all times in keeping with regulation. This was identified as an area for improvement. RQIA provided some advice on how this could be achieved.

We saw that an annual satisfaction survey was conducted and that residents had indicated a high level of satisfaction with the quality of the care and services in the home. An annual quality review report was also completed for the period 2019-2020.

We examined the system in place to manage any complaints received; discussion with the person in charge provided assurance that complaints would be managed appropriately and that the manager viewed complaints as an opportunity to learn and improve. We also saw that compliments were received. Some examples are as follows:

- "Thank you for looking after me and I will miss everyone."
- "Thank you so much for all your hard work and dedication to our loved ones during this crisis. Forever grateful for keeping them safe."
- "I would like to thank you all for all the wonderful care you gave (my relative). (He) was very happy and content in your care and that gave us great peace of mind."

The home's Fire Risk Assessment was out of date. We advised the manager that the fire risk assessor should be contacted to provide written confirmation that the risk assessment remained valid. We later received confirmation that the fire risk assessor had provided such assurances to the manager in writing. We examined the records of fire safety checks and saw that these were completed regularly.

Areas of good practice

Good practice was evident throughout this inspection in relation to the warm, supportive interactions between residents and staff and the communication between staff and residents' relatives.

Areas for improvement

One area for improvement was identified relating to the availability of records.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy. Staff in the home supported residents to remain in contact with their relatives and there was good communication between home management and residents' families. Residents told us that they were very satisfied with the standard of care being provided. During and following the inspection we discussed with the manager and deputy manager ways in which existing governance arrangements within the home could be strengthened. One new area for improvement was made in relation to the availability of records.

7.0 Quality improvement plan

One area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Emma Johnston, person in charge and with the manager and deputy manager by telephone on 14 December 2020 and during a video teleconference on 27 January 2021. 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 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (3) (b)</p> <p>Stated: First time</p> <p>To be completed by: 26 February 2021</p>	<p>The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by RQIA to enter and inspect the home.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Records that were not available on the date of inspection have now been formatted to ensure the relevant information is available for inspection at any time.</p>
---	---

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)