



**The Regulation and
Quality Improvement
Authority**

Unannounced Follow Up Care Inspection

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| Name of Establishment: | Innisfree |
| Establishment ID No: | 1327 |
| Date of Inspection: | 20 May 2014 |
| Inspector's Name: | John McAuley |
| Inspection No: | 17528 |

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

| | |
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| Name of Home: | Innisfree |
| Address: | 110 Buckna Road Broughshane BT42 4NR |
| Telephone Number: | 02825684497 |
| E mail Address: | innisfree-rh@hotmail.co.uk |
| Registered Organisation/ Registered Provider: | Mrs Shauna Anne Stanford |
| Registered Manager: | Mrs Shauna Anne Stanford |
| Person in Charge of the home at the time of Inspection: | Mrs Caroline Forsythe – Deputy Manager |
| Categories of Care: | I,LD,PH,PH(E), and DE |
| Number of Registered Places: | 28 |
| Number of Residents Accommodated on Day of Inspection: | 27 plus 1 resident in hospital |
| Scale of Charges (per week): | £450 |
| Date and type of previous inspection: | 29 January 2014 Unannounced Care Inspection |
| Date and time of inspection: | 20 May 2014 10.30am – 2.10pm |
| Name of Inspector: | Mr John McAuley |

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the deputy manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to examine the progress with the previous quality improvement plan (QIP).

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

Profile of Service

Innisfree Private Residential Home is on the outskirts of Buckna which is near the village of Broughshane. The home is situated in a rural setting with panoramic views of the Slemish Mountain. It is a large purpose built ground floor building which provides accommodation for up to 28 residents in two double rooms and 24 single rooms, following a recent extension to the service.

The home is registered with the Regulation and Quality Improvement Authority (RQIA) to accommodate residents in Category I, LD, PH, PH (E), DE.

Other facilities provided include two sitting rooms, dining room, kitchen, stores, laundry, staff room, a dining room, bathrooms, and a shower room all with toilets.

The home is surrounded by mature gardens and fields on all sides and there is adequate off road car parking space available for families, visitors etc. to the front, side and rear of the home.

Summary

This inspection to Innisfree Residential home was an unannounced follow up care inspection, conducted by an inspector from RQIA on 20 May 2014 from 10.30am to 2.10pm. This summary reports on the position in the home at the time of the inspection.

In charge of the home was the Deputy Manager Mrs Caroline Forsythe, who was available for clarification and discussion and received verbal feedback of inspection findings at the conclusion.

The focus of this inspection was to examine the actions taken by the registered person to address the requirements and recommendations made during the previous inspection on 29 January 2014. Six requirements and two requirements were made as a result of that inspection.

During this inspection, the inspector met with residents, staff and two visiting relatives, reviewed a selection of records, discreetly observed care practices and examined the environment.

Inspection Findings

A review of the of the requirements and recommendations made as a result of the previous inspection, found there to be a lack of substantive evidence of compliance and progress made to address these issues. Four requirements and two recommendations in relation to maintenance of the duty, care records and competency and capability assessments have been stated for a second time. RQIA will consider invoking enforcement procedures if these issues are not compliant within timescales, which will be examined at the next inspection.

Stakeholder Consultation

Discussions with residents, staff and two visiting relatives were all positive in respect of the provision of care, support and the overall atmosphere in the home. Details of these discussions are discussed later in this report, with no concerns expressed.

Care Practices and General Environment

Discreet observations of care practices evidenced residents being treated with dignity and respect. Residents were observed to be comfortable and content in their environment and interactions with staff.

The home was found to be clean and tidy with a good standard of décor and furnishings in place.

Conclusion

Other than the previous issues which have been stated for a second time, one recommendation was made in respect of the arrangements in relation to governance of accidents / incidents. Feedback of the inspection findings and advice in respect of ensuring compliance with the quality improvement plan was considered to be difficult. During the feedback the deputy manager challenged the findings of the inspection. However the findings were clearly evident and substantive, and the requirements and recommendations, as detailed in the attached quality improvement plan were agreed to be addressed within timescale.

The inspector would like to thank residents and staff for their support and assistance received during this inspection.

FOLLOW-UP ON PREVIOUS ISSUES

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|--|--|--------------------------------------|
| 1. | 27 (2) (t) | <p>The registered person shall, having regard to the number and needs of residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and up dated as necessary.</p> <p>Reference to this is made in that all radiators and hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action put in place.</p> | <p>It was reported that no individual risk assessment had put in place, as the home were going to install covers for all radiators and hot surfaces.</p> <p>The work on this was reported to commence on 22 May 2014 in full.</p> <p>At the time of this inspection the radiators were initially off, but when they came on they were excessively hot to touch.</p> <p>This requirement has not been completed within timescale. However in lieu of the actual work reported to be commencing on same, on 22 May 2014, it is consider that the home are making progress in resolving this issue of risk.</p> | Moving towards Compliance |
| 2. | 19 (2) Schedule 4 (7) | <p>The registered person shall maintain in the home the records specified in Schedule 4. (7) a copy of the duty roster of persons working at the home, and a record of whether the roster was actually worked.</p> <p>Reference to this is made in that the registered manager's hours of duty must be maintained in the duty rota and there must be clear indication in the rota who the nominated person in charge of the home is for each particular shift.</p> | <p>A review of the home's duty rota found that the registered manager's hours of duty had not been recorded for the past two weeks.</p> <p>There was no indication recorded in the rota of who the nominated person in charge of the home was for each shift. The deputy manager demonstrated that this was recorded in work schedule sheets, for each shift.</p> <p>This requirement of recording the hours worked by</p> | Not compliant |

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| | | | the registered manager has been stated for a second time. | |
| 3. | 15 (2) (a) | <p>The registered person shall ensure that the assessment of the resident's needs is</p> <p>(a) Kept under review</p> <p>Reference to this is made in that an up to date holistic assessment of residents' needs must be completed and maintained for all residents.</p> | <p>A review of a sample of four residents' care records was undertaken.</p> <p>One resident's care records had an up to date assessment of holistic needs in place.</p> <p>Another resident's care record indicated that the resident was only admitted to the home eight days previously, so his / her assessment was within the timeline of completion.</p> <p>The other two residents' care records had no up to date assessment of needs in place. This was despite significant issues of need being identified from a review of their daily progress records. Advice was given at the time of this inspection to the deputy manager in making this a priority.</p> <p>This requirement has been stated for a second time.</p> | Moving towards compliance |
| 4. | 16 (1) | <p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or the resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.</p> <p>Reference to this is made in that all residents must have a care plan in place based on their assessment of holistic needs. These needs must also include;</p> | <p>A review of a sample of four residents' care records was undertaken.</p> <p>One resident's care records had an up to date care plan in place based on assessed needs.</p> <p>Another resident's care record indicated that the resident was only admitted to the home eight days previously, so his / her assessment and subsequent care plan (s) were within the timeline of completion by the home.</p> | Moving towards compliance |

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|----|------------|---|---|---|
| | | <ul style="list-style-type: none"> • Social history and social activity • Spiritual needs | <p>The other two residents' care records had no up to date care plans.</p> <p>One resident's care plan was not dated nor was it based on an up to date assessment of needs. The other resident had no care plan completed other than the care plan which was completed by the social worker on the resident's admission to the home in July 2013.</p> <p>Both these residents had significant issues of need identified from a review of their daily progress records and it would have been pertinent for a comprehensive detailed care plan to be in place. Advice was given at the time of this inspection to the deputy manager in making this a priority.</p> <p>This requirement has been stated for second time.</p> | |
| 5. | 16 (2) (b) | <p>The registered person shall ensure that –</p> <p>(b) The resident's care plan is kept under review</p> <p>Reference to this is made in that care plans must be all reviewed in a timely basis and in accordance with specific areas of need.</p> | <p>A review of a sample of four residents' care records was undertaken.</p> <p>One resident's care records had an up to date review of care in place.</p> <p>Another resident's care record indicated that the resident was only admitted to the home eight days previously, so his / her actual review was within the timeline of completion.</p> <p>The other two residents' care records had no up to date review of care needs or care plans in place. This was despite significant issues of need being identified from a review of their daily progress records.</p> | <p>Moving towards compliance</p> |

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| | | | This requirement has been stated for a second time. | |
| 6. | 30 (1) (c),(d) and (f) | <p>The registered person shall give notice to the RQIA without delay of the occurrence of –</p> <ul style="list-style-type: none"> (c) any serious injury to a resident in the home: (d) Any event in the home which adversely affects the care, health, welfare or safety of any resident; (f) Any accident in the home <p>Reference to this is made in that that retrospective notifications in relation to above identified during inspection must be notified to RQIA and thereafter all such events in the home duly to be notified. In respect of recording of accidents / incident reports in the home, there also needs to be clear indication on when the resident's aligned care manager / social worker was notified of the event.</p> | A review of the home's accident / incident reports was undertaken from 7 March 2014. Evidence was in place to confirm that proper notification of these reports had taken place and there was good indication recorded in the reports on who was notified of the event. | Compliant |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|---|--|--------------------------------------|
| 1. | 25.3 | <p>There is a competent and capable person in charge of the home at all times.</p> <p>Reference to this is made in that any staff member with the responsibility of being in charge of the home for any period of time should be aware and informed that a competency and capability assessment of such has taken place and that these assessments are duly signed for by the staff member concerned.</p> <p>This needs to be put in place and maintained for all staff with such responsibility.</p> | <p>Discussions with two members of care staff on duty, confirmed that one staff member was aware of a competency and capability assessment and one staff member was not.</p> <p>A review of assessments of competency and capability were found not to of been signed for by staff member's concerned. The deputy manager informed the inspector that this was because the assessment of competency and capability was under a comprehensive review to include more details.</p> <p>This recommendation has been stated for a second time.</p> | Moving towards compliance |
| 2. | 6.3 | <p>The resident or their representative, where appropriate, sign care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Reference to this is made in that all care plans must be maintained accordingly.</p> | <p>A sample of four residents' care records was undertaken. All were for to be signed for by the person responsible for drawing it up, and two had signatures to support resident / representative consultation. None had been signed by the registered manager.</p> <p>This recommendation has been stated for a second time.</p> | Moving towards compliance |

ADDITIONAL AREAS EXAMINED

Residents' Views

The inspector met with twenty residents. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home, their relationship with staff and the provision of meals.

Some of the comments included statements such as;

"Everything is fine here, no problems"

"A marvellous place"

"I am very happy here"

No concerns were expressed or indicated.

Staff views

The inspector met with four members of staff of various grades, other than the home's management. All spoke in a positive basis about their roles, duties, provision of care, teamwork and staff morale.

No concerns were expressed.

Relatives' Views

The inspector met with two visiting relatives. Both spoke with praise and gratitude for the care provided and the support received from staff.

Their comments included statements, such as;

"Everything is perfect, you couldn't ask for better"

"It's a lovely home, no worries"

No concerns were expressed.

Accident / Incident Records

A review of these reports was undertaken from 7 March 2014. These reports were found to be maintained appropriately. In terms of governance arrangements in relation of accidents / incidents it has been recommended that the registered manager to sign and date all reports on a regular and up to date basis as reviewed / inspected, as opposed solely doing so on the monitoring registered provider visits .

Care practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties and tasks were observed to be organised at an unhurried pace. Staff interactions with residents were found to be friendly and polite.

An appetising dinner time meal was provided for in comfortable surrounding with appropriate supervision and assistance in place.

General environment

At the time of this inspection, the home was found to be clean and tidy, with a good standard of décor and furnishings in place.

Residents' bedrooms were nicely appointed and personalised according to choice.

The external grounds of the home were well maintained.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Deputy Manager Mrs Caroline Forsythe, as part of the inspection process.

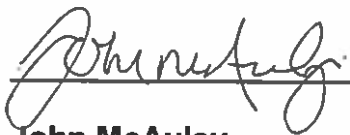
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



John McAuley
Inspector/Quality Reviewer

17/06/14

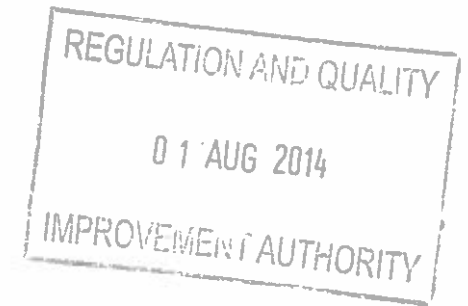
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The Regulation and
Quality Improvement
Authority

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Quality Improvement Plan

Unannounced Follow - up Care Inspection

Innisfree

20 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Deputy Manager, Mrs Caroline Forsythe, during and after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

| Statutory Requirements | | | | | |
|---|-----------------------------|---|-------------------------------|---|-------------------|
| This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005 | | | | | |
| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
| 1. | 19 (2) Schedule 4 (7) | <p>The registered person shall maintain in the home the records specified in Schedule 4.</p> <p>(7) A copy of the duty roster of persons working at the home, and a record of whether the roster was actually worked.</p> <p>Reference to this is made in that the registered manager's hours of duty must be maintained in the duty rota and there must be clear indication in the rota who the nominated person in charge of the home is for each particular shift.</p> | Two | <p>The hours the registered manager is due to work will be recorded on duty rota when it is prepared. Any changes to those hours will be recorded outside of the rota.</p> <p>The nominated person in charge of the home will also be indicated on the duty rota. work schedule sheets.</p> | 27 May 2014 |
| 2. | 15 (2) (a) | <p>The registered person shall ensure that the assessment of the resident's needs is:</p> <p>(a) Kept under review</p> <p>Reference to this is made in that an up to date holistic assessment of residents' needs must be completed and maintained for all residents.</p> | Two | <p>Staff will endeavour to ensure all residents have up date holistic assessment of needs in place.</p> | 20 September 2014 |
| 3. | 16 (1) | <p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or the resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.</p> <p>Reference to this is made in that all residents must have a care plan in place based on their assessment of</p> | Two | <p>The template used for care planning had been changed in July 13 and staff felt care plans were not holistic and didn't provide as much detail as original care plan. Management decided to revert to original template.</p> | 20 September 2014 |

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| | | <p>holistic needs. These needs must also include;</p> <ul style="list-style-type: none"> • Social history and social activity • Spiritual needs | | <p>Unfortunately this process was not undertaken on a priority basis but all residents with ^{with completed} holistic care plans in place. All residents with ^{with} have care plans completed within timescale.</p> | <p>Was not care plans</p> |
| 4. | 16 (2) (b) | <p>The registered person shall ensure that –</p> <p>(b) The resident's care plan is kept under review</p> <p>Reference to this is made in that care plans must be all reviewed in a timely basis and in accordance with specific areas of need.</p> | Two | <p>As care plans were not as detailed as should have been, they will now be reviewed in accordance with specific areas of need.</p> | <p>20 September 2014</p> |

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|---|------------------------|--|-------------------|
| 1. | 25.3 | <p>There is a competent and capable person in charge of the home at all times.</p> <p>Reference to this is made in that any staff member with the responsibility of being in charge of the home for any period of time should be aware and informed that a competency and capability assessment of such has taken place and that these assessments are duly signed for by the staff member concerned.</p> <p>This needs to be put in place and maintained for all staff with such responsibility.</p> | Two | <p>The reason the capability assessments had not been signed was because all staff had completed a more comprehensive assessment which had been a timely exercise. The assessments had been returned to manager once they were completed, any further information needed was provided back to staff members. The assessments were all signed by manager and had been left the day of unannounced inspection to be signed by staff. All are now signed.</p> | 20 June 2014 |
| 2. | 6.3 | <p>The resident or their representative, where appropriate, sign care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Reference to this is made in that all care plans must be maintained accordingly.</p> | Two | <p>The resident or representative will sign care plan along with registered manager. If resident or their representative is unable to sign, this will be recorded. If management do not ask to have care plan signed for a particular reason this will also be recorded.</p> | 20 September 2014 |

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| 3. | 20.10 | <p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action taken when necessary.</p> <p>Reference to this is made in that the registered manager should sign and date all accident / incident reports on a regular and up to date basis as reviewed / inspected.</p> | One | <p>Working practices are currently audited in line with Regulation 29. Registered manager does sign quarterly audit forms but as per this recommendation they will now be signed more regularly.</p> | 27 May 2014 |
|----|-------|---|-----|--|-------------|

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: Shauna Stansted

NAME: SHAUNA STANFORD
 Registered Provider

DATE 29.07.14.

SIGNED: Shauna Stansted

NAME: SHAUNA STANFORD.
 Registered Manager

DATE 29.07.14.

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|--|-----|------------------------|---------|
| Response assessed by inspector as acceptable | Yes | <i>Shauna Stansted</i> | 18/8/14 |
| Further information requested from provider | | | |