



The Regulation and
Quality Improvement
Authority

Innisfree
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Broughshane
BT42 4NR

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**Unannounced Care Inspection
of
Innisfree**

21 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 21 May 2015 from 10am to 1.45pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

The details of the QIP within this report were discussed with the Emma Johnston Senior Care Assistant in charge. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Shauna Anne Stanford	Registered Manager: Shauna Anne Stanford
Person in Charge of the Home at the Time of Inspection: Emma Johnston – Senior Care Assistant	Date Manager Registered: April 2005
Categories of Care: RC-I, RC-LD, RC-PH, RC-PH(E), RC-DE	Number of Registered Places: 28
Number of Residents Accommodated on Day of Inspection: 28	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

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

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

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

Prior to inspection we analysed the following records; notification reports and previous inspection report.

During the inspection we met with twenty residents, five staff and one visiting relative.

We inspected the following records; residents' care records, accident/ incident reports, complaints and compliment records, fire safety records and policies and procedures and aligned guidance available to the standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the Innisfree was an announced care inspection on 25 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 10.7	Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	Met
	Reference to this is made in that a detailed and informative policy and procedure on restraint needs to be put in place. This policy and procedure also needs to reflect the human rights implications of any restrictive type practices.	
	Action taken as confirmed during the inspection: This policy and procedure has been revised accordingly.	

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. The senior care assistant provided us an example of how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. The senior care assistant also explained that other residents and staff are informed in a sensitive manner of the death of a resident. Other residents and staff have the opportunity to pay their respect and are provided with support if needed. In our discussions with staff they advised that they felt supported in dealing with this aspect of care. We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We reviewed a sample of compliment letters and cards. Some were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude received during this period of care.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nursing services.

We reviewed residents, care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished

Is Care Compassionate? (Quality of Care)

The home has policies and procedures pertaining to terminal and palliative care and death of a resident. These policies and procedures guide and inform staff on this area of care. There is associated guidance available for staff.

Staff have received training in this area of care during their induction.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need. Staff also advised us that there is a supported ethos with the management in the home

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

Staff have received training in continence management. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We reviewed residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has policies and procedures pertaining to the management of continence. There are also associated guidance and information available to staff.

Staff have received training in continence management.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements	0	Number Recommendations:	0
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5.5 Additional Areas Examined

We met with twenty residents in the home. In accordance with their capabilities, they expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

“I am very happy here”

“They all look after me very well”

“It couldn’t be any better here”

“It’s a lovely place”

“Everything is great. There are no complaints”

5.5.2 Relatives’ Views

We met with one visiting relative. This relative was very complimentary about the care provided and the kindness and support provided by staff.

5.5.3 Staff Views

We met with five staff of various grades. All spoke on a positive basis about their roles and duties, staff morale, teamwork and managerial support. Staff informed us that they felt a good standard of care was provided for and they had the necessary resources and skills to provide for.

Ten staff questionnaires were distributed for return.

5.5.4 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents’ bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

The grounds of the home were very well maintained with good accessibility for residents to avail of.

5.5.5 Accident / Incident Reports

We reviewed these reports from the previous inspection. These were found to be appropriately managed and reported.

5.5.6 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised. Good practices were observed with team working, with care staff, housekeeping staff and catering staff.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

We observed that an appetising dinner time meal was provided for. Supervision and assistance with this was done in an appropriate manner by staff. For example the meal was provided for in an unhurried manner with time afforded for residents' needs and in comfortable surroundings.

5.5.7 Fire Safety

Fire safety training was last held for staff in May 2014. The last fire safety drill was held on 11 and 10 June 2014. A requirement was made that all staff must receive up to date training in fire safety and fire safety drills.

We observed that there were two plastic bags of clothing stored in the designated smoking lounge. This posed as a risk of ignition. A requirement was made for this to be immediately resolved and maintained.

We observed no other obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

Areas for Improvement

Two requirements were identified with these additional areas examined. These were in respect of fire safety.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Emma Johnston as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained 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 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or [RQIA's office \(non-paperlite\)](#) and assessed by the inspector.

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Quality Improvement Plan

Statutory Requirements

Requirement 1	The registered manager must ensure that all staff in the home are in receipt of up to date fire safety training and fire safety drills.		
Ref: Regulation 27(4) (e) and (f) Stated: First time To be Completed by: 21 August 2015	Response by Registered Person(s) Detailing the Actions Taken: Fire safety training and practice fire drills will be undertaken by all staff prior to August 2015.		
Requirement 2	The registered manager must ensure that there are no storage of combustible materials at any time in the designated smoking lounge.		
Ref: Regulation 27(4)(v) Stated: First time To be Completed by: 21 May 2015	Response by Registered Person(s) Detailing the Actions Taken: Both articles were removed after feedback was provided on the day of the inspection.		
Registered Manager Completing QIP	Shauna Stanford	Date Completed	03/6/2015
Registered Person Approving QIP	Shauna Stanford	Date Approved	03/06/2015
RQIA Inspector Assessing Response	John McAuley	Date Approved	15/06/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.