



The Regulation and  
Quality Improvement  
Authority

## Primary Announced Care Inspection

**Service and Establishment ID:** Innisfree (1327)  
**Date of Inspection:** 25 November 2014  
**Inspector's Name:** John McAuley  
**Inspection No:** IN020672

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General Information

<b>Name of Home:</b>	Innisfree
<b>Address:</b>	110 Buckna Road Broughshane BT42 4NR
<b>Telephone Number:</b>	02825684497
<b>Email Address:</b>	<a href="mailto:innisfree-rh@hotmail.co.uk">innisfree-rh@hotmail.co.uk</a>
<b>Registered Organisation/ Registered Provider:</b>	Innisfree Mrs Shauna Stanford
<b>Registered Manager:</b>	Mrs Shauna Stanford
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Shauna Stanford
<b>Categories of Care:</b>	I,LD,PH,PH( E ), and DE
<b>Number of Registered Places:</b>	28
<b>Number of Residents aAccommodated on Day of Inspection:</b>	27
<b>Scale of Charges (per week):</b>	£450
<b>Date and Type of Previous Inspection:</b>	20 May 2014 Unannounced Follow-Up Inspection
<b>Date and Time of Inspection:</b>	25 November 2014 10.15 am – 2.45 pm
<b>Name of Inspector:</b>	John McAuley

## **2.0 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 primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators. The inspection also considered 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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.

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered provider / manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents and two visiting relatives

- Inspection of the premises
- Evaluation of findings and feedback.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	24
Staff	6
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	10	None in time for inclusion to this report.

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

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

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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.

## 7.0 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 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), and 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.

## 8.0 Summary of Inspection

This primary announced care inspection of Innisfree was undertaken by John McAuley on 25 November 2014 between the hours of 10.15 am and 2.45 pm. The registered provider/manager Mrs Shauna Stanford was available during the inspection and for verbal feedback at the conclusion of the inspection.

The four requirements and three recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these have all been addressed satisfactorily within timescale. The detail of the actions taken by the registered provider / manager can be viewed in the section following this summary.

Prior to the inspection, the registered provider/manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, two visiting relatives, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

### 8.1 Inspection Findings

#### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure on responding to residents' behaviours and restraint. A review of this found that it needed further revision to include more detail and specifically the implications of human rights legislation on restrictive practices. A recommendation has been made in this regard. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used. Residents' care records outlined their usual routine, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed

needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

The overall assessment of this standard found that the home was compliant with same.

## **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions.

The overall assessment of this standard found that the home was compliant with same.

### **8.2 Stakeholder Consultation**

During the course of the inspection the inspector met with residents, two visiting relatives and staff. Questionnaires were also completed for return by staff.

Residents indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationships with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

### **8.3 Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

## **8.4 General Environment**

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

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, guardianship, vetting and fire safety. Further details can be found in section 11.0 in the main body of this report.

One recommendation in relation a policy and procedure was made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and management for their assistance and co-operation throughout the inspection process.



**9.0 Follow-Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 20 May 2014.**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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>	A review of the home's duty rota confirmed that the registered manager's hours were recorded, together with indication on who is in charge for each particular shift.	Compliant
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>	A review of a sample of residents' care records found that there was an up to date holistic assessment of residents' needs in place.	Compliant

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 holistic needs. These needs must also include;</p> <ul style="list-style-type: none"> <li>• Social history and social activity</li> <li>• Spiritual needs</li> </ul>	<p>A review of a sample of residents' care records found that due consultation with the resident and/or their representative was in place and that assessments included assessments of social history / activity and spiritual needs.</p>	Compliant
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>	<p>A review of a sample of residents' care records confirmed that care plans were reviewed on a timely basis and in accordance with specific areas of need.</p>	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>A competency and capability assessment has been put in place for members of staff with the responsibility of being in charge of the home and staff are aware of such and confirmed that same are signed are such.</p>	Compliant
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 review of a sample of residents' care records confirmed that care plans were signed for in accordance with this standard criterion.</p>	Compliant

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>	<p>A review of the accident / incident reports confirmed that these reports were signed as reviewed / inspected by the deputy manager or the registered manager.</p>	Compliant
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**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
On admission staff will retrieve as much information as possible from resident and their representatives regarding residents conduct and behaviour. As staff get to know residents over time they become more aware of how to deal positively with residents behaviour. This information is recorded in resident's care plan for all staff to be aware.	
<b>Inspection Findings:</b>	
The home has a policy and procedure on responding to residents’ behaviours and restraint. Staff has also received training in this. A review of this policy and procedure found it lacked general detail and had no reference to Human Rights Legislation and implications of restrictive practices, for which a recommendation has been made to put in place.  Discussions with three care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents’ behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents’ assessed needs, which were also found to correspond with the sample of five residents’ care records reviewed on this occasion.	Compliant

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Staff will report any uncharacteristic behaviour to management and it will be recorded in residents daily notes. This may be followed up with a referral to GP, social worker or other professional and residents representatives. Any referrals made and advice sought from outside agencies will be recorded in resident's daily notes and care plan updated.	Compliant
<b>Inspection Findings:</b> A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
One resident at present needs a consistent approach from staff and this was decided and agreed at a care review in the presence of the resident, their representative and their social worker. All information is included in resident's care plan.	Compliant
<b>Inspection Findings:</b>	
A review of residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident, through a signature.	Compliant
<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If necessary this would be completed however it is not in place for any resident at present.	Not applicable
<b>Inspection Findings:</b>	
There are no residents in the home who have a specific behaviour management programme. However, evidence from discussions with staff would indicate if this were to be the case the appropriate trained professional(s) would be duly consulted in this process.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
<b>Provider's Self-Assessment</b>	
This would be undertaken if necessary however this is not in place at present.	Not applicable
<b>Inspection Findings:</b>	
Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.	Compliant



<p><b>Criterion Assessed:</b>                      10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Should an incident be managed outside a residents care plan the appropriate professionals will be involved to provide help and support and the residents representatives will be kept up to date. A multi disciplinary review will be held to review residents care plan. This however is not applicable at present.</p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of accident and incident records from April 2014 to date of inspection evidenced that notification was made as appropriate, to the resident’s representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals.</p> <p>Discussions with the senior care assistant evidenced that where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b> Restraint is used only when necessary in the home. Bedrails which are on fitted on a hospital bed are used for one resident as risk assessmenr dictated their need. Care plan and risk assessment are updated regularly to ensure they are necessary for the safety of the resident. A wirless seat mat is used for another resident as pre admission assessment and care plan provided for social worker dicated the need for same. Care plan is updated and evaluated when necessary while the seat mat is still in use .	Not applicable
<b>Inspection Findings:</b> The home has a policy and procedure on restraint. However, as indicated in 10.1 a recommendation has been made for this to be reviewed to include the implications of Human Rights Legislation with same. Discussions with staff and management confirmed that they were aware of the issues surrounding governance of same, in terms of bedrails and safety mats, which were duly care planned for.	Substantially compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
There are two activity programmes currently used in the home, one for under 65 and one for over 65. Their aim is to produce positive outcomes and they are devised based on identified needs and interests.	Compliant
<b>Inspection Findings:</b>	
The home has and a policy and procedure on the provision of activities. A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff.	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activity programmes are devised depending on residents interests. They are seasonal and they facilitate social inclusion in community events, e.g attending mayor's senior citizen concerts.	Compliant
<b>Inspection Findings:</b>	
A review of the programme of activities showed that social activities are organised daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in in community based events. Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The subject of activities are discussed at residents meetings. Should any resident not wish to attend such meeting they will be provided with an opportunity to comment on any of the topics discussed.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for.  Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.	Compliant
<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activity programmes are displayed in the front lounge so all residents and visitors can clearly see what is scheduled. A 2 <sup>nd</sup> activity programme is displayed in the lower sitting room.	Compliant
<b>Inspection Findings:</b>	
The programme of activities was on display in communal areas throughout the home.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Staff will make any necessary adjustments for residents to enable them to participate in activities through the use of equipment and other aids.	Compliant
<b>Inspection Findings:</b>	
The home designates member of staff each day with for inclusion with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and DVDs appropriate to age group.	Compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme is flexible and it can be changed depending on the needs, abilities and enjoyment of the residents participating. This is undertaken on a daily basis.	Compliant
<b>Inspection Findings:</b>	
Discussion with care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Not applicable at present however on occasions when musicians come into the home, they are supervised by management and other members of staff.	Compliant
<b>Inspection Findings:</b>	
The senior care assistant confirmed that any person who is contracted in to provide activity, such as a visiting entertainer is supervised and assisted by staff during such provision.	Compliant
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Not applicable at present	Not applicable
<b>Inspection Findings:</b>	
In discussion with the senior care assistant, the inspector was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All activities undertaken in the home are recorded in the activity book and can be recorded in the resident's notes.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activity programmes are reviewed at least twice yearly or more often if necessary depending on residents residing in the home.	Compliant
<b>Inspection Findings:</b>	
Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request or at a care review.	Compliant



<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's Consultation**

The inspector met with a large number of residents throughout this inspection. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Some of the comments made included statements such as:

- "They are all very good to my wife and I here, no problems"
- "All perfect, no complaints"
- "Things are marvellous"
- "I couldn't complain about a thing, I am glad to be back here after my stay in hospital"
- "The carers are all very good".

No concerns were expressed or indicated.

### **11.2 Relatives/Representative Consultation**

The inspector met with two visiting relatives at the time of this inspection. Both spoke on a positive basis about the provision of care and kindness afforded to their relatives and complemented staff in this regard.

No concerns were expressed or indicated.

### **11.3 Staff Consultation**

The inspector spoke with six members of staff of various grades on duty. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

No staff questionnaires were received in time for inclusion to this report.

### **11.4 Visiting Professionals' Consultation**

The inspector did not meet with any visiting professionals in the home at the time of this inspection.

## **11.5 Observation of Care Practices**

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a polite, friendly, supportive manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. An appetising dinner time meal was provided for and residents were found to be assisted in an organised unhurried manner.

## **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

## **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records, together with discussion with the registered provider/manager evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

## **11.8 Environment**

The home was clean and tidy with a good standard of décor and furnishings. Residents' facilities were comfortable and accessible to avail of. The home was comfortably heated throughout.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## **11.10 Fire Safety**

The home's most recent fire safety risk assessment was reported to be carried out on 23 November 2014 and as such the report has not been issued yet. However, it was also reported that there were no significant recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff on an up to date basis and that different fire alarms are tested weekly with records retained.

There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by the registered provider / manager which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Shauna Stanford, 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**

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**John McAuley**  
Inspector/Quality Reviewer

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**Date**



## Quality Improvement Plan

### Primary Announced Care Inspection

Innisfree

25 November 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 (Registered provider / manager Mrs Shauna Stanford) either during or 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.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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.	10.7	<p>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.</p> <p>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.</p>	One	The policy on restraint will be updated to produce a more detailed and informative policy. This will include the human rights implications on any restraint type practices that staff of Innisfree undertake.	25 January 2015

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 Stanford

**SIGNED:** Shauna Stanford

**NAME** Shauna Stanford  
 Registered Provider

**NAME:** Shauna Stanford  
 Registered Manager

**DATE** \_\_12.01.15\_\_

**DATE** 12.01.15\_

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	14 January 2015
Further information requested from provider			