

# Inspection Report

27 January 2022



## Innisfree

Type of service: Residential Care Home  
Address: 110 Buckna Road, Broughshane, BT42 2NR  
Telephone number: 028 2568 4497

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Innisfree</p> <p><b>Registered Person</b> Mrs Shauna Anne Stanford</p>	<p><b>Registered Manager:</b> Mrs Shauna Anne Stanford</p> <p><b>Date registered:</b> 1 April 2005</p>
<p><b>Person in charge at the time of inspection:</b> Shauna Anne Stanford - Manager</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> 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><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 25</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered Residential Care Home which provides health and social care for up to 28 residents. The home is situated on the ground floor of the building with single bedrooms. The home comprises two communal lounges, one dining room and four bathrooms. There is a mature garden and a courtyard area.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 27 January 2022, from 9.15 am to 5.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified and can be found in the Quality Improvement Plan in section 7.0.

Residents looked well care for and comfortable in their surroundings. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Residents were able to spend time with family through planned visits to the home. Residents expressed satisfaction with the care and services provided in the home.

RQIA were assured that the delivery of care and service provided in Innisfree was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Shauna Anne Stanford, Registered Manager, at the conclusion of the inspection.

## 4.0 What people told us about the service

Ten residents and three staff were spoken with during the inspection. Residents were positive in their comments about the care and staffing provided in the home. Residents said “It’s great here and we are well looked after”, “the food is good” and “there are plenty of staff about.”

Staff said they were happy working in the home, communication was good with the manager and they worked well as a team.

No resident or relative questionnaires were returned following the inspection and there were no responses from the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 December 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 19 (3) (b) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Robust pre-employment checks are required to ensure that residents are protected as far as possible. A sample of staff recruitment files were reviewed and showed that processes were in place to ensure staff were recruited safely.

It is important that staff are provided with mandatory and other training relevant to their roles in the home. There were systems in place to ensure staff were trained and supported to do their job.

Training in Control of Substances Hazardous to Health (COSHH) had not been included in the training schedule for staff. Following discussion with the manager it was agreed that this would be added to the schedule. This will be reviewed at the next inspection.

Records showed that staff who take charge of the home in the absence of the manager had not all had an up to date competency and capability assessment completed for this role. This was discussed with the manager who agreed to ensure this was up to date. An area for improvement was identified.

Review of governance records for staff registration with the Northern Ireland Social Care Council (NISCC) showed that staff were registered or in the process of being registered with their professional body.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff commented that they supported each other and provided cover for other staff when required.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The role in which staff were working was evident on the records reviewed.

Staff told us that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was observed that residents' needs and wishes were very important to staff as they responded to requests for assistance promptly in a caring and compassionate manner. Staff were knowledgeable about individual residents needs and took time to ensure residents were satisfied with the care provided.

Residents said that staff were good to them and they were prompt when they needed them. Residents raised no concerns about staffing levels in the home.

### **5.2.2 Care Delivery and Record Keeping**

Staff were practiced in anticipating residents needs and were seen to be responsive when required. This was also the case for those residents who had difficulty with expressing their needs and wishes.

At times some residents may be required to use equipment that can be considered to be restrictive; for example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and mobility care requirements. It was noted that records for the application of creams to resident's skin were not up to date as prescribed. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. A menu was displayed but was difficult to read. This was discussed with the manager who agreed to review the menu board.

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. The lunch meal was a pleasant and unhurried experience for the residents.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially. Examination of care records however showed that not all records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

On arrival at the home residents were relaxing in the lounge or finishing breakfast in the dining room. Observation of the home's environment evidenced that the home was tidy and warm. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A number of areas in the home were identified as requiring repair or replacement including furniture, a bathroom floor and tiled wall and a hot water tap. An area for improvement was identified.

There was evidence throughout the home of homely touches such as newspapers, magazines and snacks and drinks available. There were lovely views of Slemish and the surrounding countryside from the lounge and garden for residents to enjoy. Residents commented that the home was kept clean and they were happy with the décor and furnishings.

There was evidence that fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. An up to date fire risk assessment was in place and no action were required to be followed up.

Observation found that medications were not stored securely at all times in the home. This was discussed with staff and immediate action was taken. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

It was noted that aprons were not appropriately stored in bathrooms, clean pads were stored in the sluice room and clean linen was not stored off the floor. An area for improvement was identified.

All areas of the residential home should be safe from hazards to residents safety. A domestic store was unlocked and contained cleaning chemicals and a bottle of cleaning chemicals was in an unlocked sluice room. This was brought to staff attention and the rooms were locked immediately. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have family in their room to visit and could join in with seasonal activities provided by staff in the home.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example; planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as arts and crafts, armchair exercises, quizzes, bingo, board games singalongs and skittles.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Residents said they were happy that their relatives could visit now and they could "have a wee catch up" more often.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Shauna Anne Stanford has been the manager in this home since 1 April 2005.

While there was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents, auditing was not in place for all aspects of care including care records. This was discussed with the manager who agreed to commence these audits. This will be reviewed at the next inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. However examination of records and discussion with the manager identified that while generally falls were well reported, not all notifiable falls had been reported to RQIA. An area for improvement was identified.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said the manager provided good leadership.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.



## 6.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Shauna Anne Stanford, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4)(a)  <b>Stated:</b> First time	The registered person shall ensure any medicine which is kept in the home is stored in a secure place and administered safely to residents.  Ref: 5.2.3
<b>To be completed by:</b> With immediate effect	<b>Response by registered person detailing the actions taken:</b> The registered person shall ensure medicine kept in the home is stored in a secure place. This area for improvement has been actioned with immediate effect
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified in the report are addressed.  Ref: 5.2.3
<b>To be completed by:</b> With immediate effect	<b>Response by registered person detailing the actions taken:</b> COSHH training is provided to staff as part of their induction training and refresher training will be provided to all staff.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety. This is in relation to the storage of cleaning chemicals.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure all notifiable events are reported to RQIA without delay.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has reminded all staff of the importance of ensuring chemicals are stored correctly and in accordance with COSHH guidelines. The registered person will oversee that chemicals are stored correctly.</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has ensured 105 notifiable events have been reported to RQIA since last inspection in December 2020 to January 2022 without delay.</p> <p>The TWO notifiable events to which the inspector is referring have the date and time recorded on the forms that they were reported to RQIA.</p> <p>The staff member who signed the accident form has provided assurance the events were reported. As there could have been an issue with the RQIA portal, it is somewhat disappointing this has been highlighted as an area for improvement. The registered person shall continue to ensure notifiable events are reported to RQIA without delay.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that an up to date competency and capability assessment is completed for those staff taking charge of the residential home in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person shall ensure up competency and capability assessments are kept up to date.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure an accurate record is kept of the personal and support care provided to residents. This is in relation to recording the application of topical creams.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person is confident creams are being applied and shall ensure all staff record that the application of creams.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure care records are kept up to date and reflect the resident's current needs.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person shall ensure all care records are kept up to date and reflect the resident's current needs.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>The registered person shall ensure that the premises are well maintained and remain suitable for their purpose.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has addressed the issue of the hot water tap. The registered person was aware of the issue with the bathroom tiled wall and is awaiting building contractor to address the issue. The registered person continues to ensure furniture is fit for purpose and bathrooms are fully functional.</p>

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



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