



The Regulation and
Quality Improvement
Authority

Iniscora
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Downpatrick
BT30 6NE

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**Unannounced Care Inspection
of
Iniscora**

8 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 8 September 2015 from 13.00 to 17.35. We were assisted by a lay assessor who met with residents to obtain their views on the quality of care provided within the home. On the day of the inspection we found the home 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 DHSSPS 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	0	3

The details of the QIP within this report were discussed with the person in charge, Eilis McCreesh, on the day of inspection and with the Registered Person, Helen Taylor, by telephone on the day after inspection. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Mainstay DRP/Helen Taylor	Registered Manager: Christine McLean
Person in Charge of the Home at the Time of Inspection: Jim McCreesh, residential Worker until 14.20; Eilis McCreesh, Residential Worker after 14.00. Helen Taylor, Registered Provider, was present during part of the inspection.	Date Manager Registered: 03/10/2007
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 9

Number of Residents Accommodated on Day of Inspection: 9	Weekly Tariff at Time of Inspection: £631
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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

Prior to inspection we analysed the following records: the returned QIP from the last inspection, notifications of accidents and incidents.

We met with nine residents and three care staff. No visiting professionals or resident's visitors/representatives were present. A lay assessor met with four residents individually to obtain their views about their life in the home.

We examined the care records of four residents, staff training records, the accident and incident register, complaints and compliments records and fire safety records. We also examined policy and procedure documents relating to the standard and theme inspected.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 21 May 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 10.1	<p>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.</p> <p>Reference to this is made in that the policy and procedure document should be reviewed to reflect current best guidance and include the need for Trust involvement in managing behaviours which challenge, also to detail that RQIA must be notified on each occasion restraint is used.</p>	Met

	<p>Action taken as confirmed during the inspection: Examination of the policy and procedure document confirmed that it included the need for Trust involvement in managing behaviours which challenge, also that RQIA must be notified on each occasion restraint is used; it also reflected current best guidance.</p>	
<p>Recommendation 2 Ref: Standard 10.1</p>	<p>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.</p> <p>Reference to this is made in that arrangements are made that staff are provided with refresher training in behaviours which challenge.</p> <p>Action taken as confirmed during the inspection: Discussion with the person in charge and examination of staff training records confirmed that staff had been provided with refresher training in behaviours which challenge.</p>	Met
<p>Recommendation 3 Ref: Standard 10.6</p>	<p>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>Reference to this is made in that all accidents and incidents which impact on the health, care or welfare of residents should be reported to Trust and RQIA.</p> <p>Action taken as confirmed during the inspection: Discussion with the person in charge and examination of the accidents and incidents records confirmed that these had been reported appropriately.</p>	Met

<p>Recommendation 4</p> <p>Ref: Standard 10.7</p>	<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 the home's Statement of Purpose and Residents Guide should be reviewed to give details of locking of doors at night and the use of the door alarm.</p> <p>Action taken as confirmed during the inspection: Examination of the home's Statement of Purpose and Residents Guide identified that these had been reviewed to give details of the locking of doors at night and the use of the door alarm.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 27.3</p>	<p>Furniture, fittings and any equipment or mobility aids in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents, including those with sensory impairments.</p> <p>A review should be undertaken of all freestanding wardrobes and that these are secured to the wall, if necessary, to prevent toppling and causing injury to residents.</p> <p>Action taken as confirmed during the inspection: An inspection of the premises identified that the freestanding wardrobe in one bedroom had not been secured to the wall. This recommendation was restated.</p>	<p>Partially Met</p>

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The person in charge confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The person in charge stated that there have been few deaths within Iniscora and the last death had occurred approximately three years ago.

We inspected four residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The

records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

Is care effective? (Quality of management)

The home had a policy and procedure in place relating to dealing with the death of a resident. A separate policy and procedure was in place for caring for a resident with a terminal illness.

In our discussions with staff they confirmed that they had received First Aid training and would be able to respond appropriately to an accident or sudden illness. Staff had not received training in end of life care and dealing with dying and death of a resident. We made a recommendation in this regard.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Staff also confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that they would liaise closely with district nursing staff to ensure appropriate pain management. Notification of a death would be made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The person in charge described to us how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident were met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The family was able to be with the resident at the end of life. The staff ensured that the family was made comfortable within the home.

The person in charge explained to us that the news of the death of a resident was shared with fellow residents in a sensitive manner. Residents were given the option to attend the funeral.

In our discussions with the person in charge she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is

handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The person in charge confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for improvement

There was one area of improvement identified with the standard inspected. Overall, this standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The person in charge advised us that no residents had complex continence care needs. Should any resident need specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. Additional staff training would also be provided, if necessary. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed four residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. A recommendation was made, however, that the care plan of one identified resident should be updated to fully reflect the resident's continence management needs.

Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. We observed that gloves, aprons and hand washing dispensers were present within the home. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had a written policy and procedure relating to continence management and promotion; the policy document reflected current best practice guidance.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for improvement

There was one area of improvement identified with the theme inspected. Overall, this theme was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.5 Additional areas examined

5.5.1 Residents' views

A lay assessor met with four residents individually in order to obtain residents' views on the quality of care provided within the home. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I am really cared for and looked after. They (the staff) take me out an bus runs when they can."
- "I like it ok. I get on with other residents here."
- "I'm happy here. I'm doing fine."

5.5.2 Staff views/questionnaires

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. One staff questionnaire was completed and returned; the staff member indicated satisfaction with the care provided within the home.

Some comments included:

- "I feel the staff team is brilliant and we all work very well together and are helpful and supportive to each other. I feel the residents are looked after very well; they have everything they need and want and if they need anything, they get it. The residents have a good social life – there are lots of places to go, like sports clubs, social clubs, the cinema. At weekends and during holidays the residents go to restaurants and pubs. The residents have a much better social life than the staff! Iniscora provides a very homely environment and everyone is treated equally, fairly and with respect."
- "I find this a very good home to work in and would recommend it to anyone."

5.5.3 Staffing

At the time of inspection the following staff members were on duty:

- 1 residential worker (person in charge)
- 1 assistant residential worker
- 1 cook
- 1 domestic and laundry staff

One residential worker and one assistant residential worker had been on duty earlier in the day. One residential worker and one assistant residential worker were scheduled to be on overnight duty. The person in charge advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.5.4 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard. One recommendation relating to securing a freestanding wardrobe to the wall was restated.

5.5.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

5.5.7 Complaints/compliments

Complaints had been recorded and managed appropriately. Records were retained of investigations, outcomes and lessons learned. The home had received several written compliments. Staff advised us that compliments are usually provided verbally.

5.5.8 Fire safety

The home had a Fire Safety Risk Assessment dated 29 July 2015. The Responsible Person advised us that two of the three recommendations arising had been actioned and that work was to commence on the repair of the fire escape by the end of week commencing 7 September 2015.

Inspection of staff training records confirmed that staff had completed fire training twice annually. Inspection of safety records confirmed that fire equipment, alarms, emergency lighting and fire escapes were checked weekly.

Areas for improvement

There was one area of improvement identified within the additional areas examined.

Number of requirements	0	Number of recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Eilis McCreesh on the day of inspection and with Helen Taylor, Responsible Person, by telephone after the inspection. 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 DHSSPS 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 and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 23.4 Stated: First time To be completed by: 31 December 2015	The registered manager should ensure that arrangements are made for staff training in end of life care and dealing with dying and death of a resident.		
	Response by Registered Person(s) detailing the actions taken: Three Residential Workers have now been registered to attend Palliative End of Life Care training course which is being facilitated by ARC. These staff will then deliver the training to the staff team.		
Recommendation 2 Ref: Standard 6.2 Stated: First time To be completed by: 3 November 2015	The registered manager should ensure that the care plan of one identified resident is updated to fully reflect the resident's continence management needs.		
	Response by Registered Person(s) detailing the actions taken: The care plan has now been updated updated to fully reflect the residents continence management needs.		
Recommendation 3 Ref: Standard 27.3 Stated: Second time To be completed by: 3 November 2015	The registered manager should ensure that a review is undertaken of all freestanding wardrobes and that these are secured to the wall, if necessary, to prevent toppling and causing injury to residents.		
	Response by Registered Person(s) detailing the actions taken: All wardrobes and one freestanding unit has now been secured to the walls.		
Registered Manager completing QIP	Christine McLean	Date completed	08/10/15
Registered Person approving QIP	Helen Taylor	Date approved	21/10/15
RQIA inspector assessing response	Alice McTavish	Date approved	22/10/15

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