



The **Regulation** and
Quality Improvement
Authority

Iniscora
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Downpatrick
BT30 6NE

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**Unannounced Care Inspection
of
Iniscora**

9 February 2016

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 9 February 2016 from 13.05 to 15.55. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. These related to obtaining residents' or their representatives' signatures on care plans, risk assessments and assessment reports for annual care reviews; also to specifying in the monthly monitoring visit reports the number and identity (using the unique identifier) of those residents whose views were obtained.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

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 | 2 |

The details of the QIP within this report were discussed with the registered manager, Mrs Christine McLean, as part of the inspection process. 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: Christine McLean | Date manager registered: 3 October 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 |

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 had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous care inspection report and notifications of accidents and incidents.

We met with eight residents, three members of staff and the registered manager. No residents' representatives or visiting professionals were present.

We examined the following records during the inspection: care records of three residents, policies and procedures relating to the standard inspected, the latest available summary report of resident satisfaction questionnaires, accident and incident records, complaints and compliment records and the monthly monitoring visit reports.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 8 September 2015. 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: Standard 23.4 | 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. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records confirmed that staff training in end of life care and dealing with dying and death of a resident was arranged for 24 February 2016. | |

| | | |
|--|---|-----|
| Recommendation 2 Ref: Standard 6.2 | The registered manager should ensure that the care plan of one identified resident is updated to fully reflect the resident's continence management needs. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the care plan of one identified resident confirmed that this was updated to fully reflect the resident's continence management needs. | |
| Recommendation 3 Ref: Standard 27.3 | 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. | Met |
| | Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the premises confirmed that review was undertaken of all freestanding wardrobes and that these were secured to the wall, if necessary, to prevent toppling and causing injury to residents. | |

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The registered manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were not consistently signed by the resident or their representative. We made a recommendation that all care plans, risk assessments and assessment reports for annual care reviews should be signed by the resident or their representative.

In our discussions with the registered manager she advised that formal residents' meetings were held monthly and the minutes of the meetings retained. We examined the minutes of residents' meetings and could confirm that the meetings took place. The registered manager advised us that residents' representatives tended to approach staff directly to discuss any areas of concern.

Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the registered manager we identified that annual satisfaction questionnaires were used to obtain residents' and representatives' views on the quality of care. The registered manager advised us that an independent advocate was used to assist residents in order to help communicate their views. This practice was to be commended.

The registered manager confirmed that the information obtained from residents and their representatives was used to inform changes which would improve services in the home. The information was collated and presented within a report which was discussed at Mainstay DRP's management team and with staff members. We examined the summary report from the 2014 survey and noted that feedback from residents and their representatives indicated a high degree of satisfaction with the services provided. A notice was placed in the home advising residents and their representatives that they could access a copy of the report, should they wish to do so.

We inspected the reports prepared by staff in advance of annual care reviews and noted that these contained details regarding the views and preferences of the residents regarding the quality of services and facilities provided in the home. We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded with any actions arising specified.

We inspected monthly monitoring visit reports which confirmed that residents' views on the services provided were sought and acted upon. We noted that the reports stated that individual residents were approached to gather their views on the quality of services and facilities provided by the home, however, there is no record of which residents provided comments. We made a recommendation that the monthly monitoring visit reports were amended to specify (using the unique identifier) the residents approached to gather views on the quality of services and facilities provided by the home

In our discussions with the registered manager we confirmed that the management of complaints was included during staff induction. We noted that the home had a policy on complaints and service user involvement. We inspected the complaints register and were satisfied that complaints were recorded and managed appropriately. The registered manager advised us that compliments are usually provided verbally and are not always recorded.

Is care compassionate? (Quality of care)

In our discussions with staff and with residents we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

Areas for improvement

Two areas of improvement were identified within the standard inspected. These related to ensuring that all care plans, risk assessments and assessment reports for annual care reviews

are signed by the resident or their representative; also to amending areas within the monthly monitoring visit report to provide more accurate information. This standard was met.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Additional areas examined

5.4.1 Residents' views

We met with eight residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I like it here, they (staff) are good to me."
- "This is a good place."
- "Great place, lovely."

5.4.2 Staff views

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.

5.4.3 Staffing

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

- 1 x registered manager
- 1 x residential worker
- 1 x assistant residential worker
- 1 x cook
- 1 x domestic assistant

One residential worker and one assistant residential worker were scheduled to be on duty later in the day. One residential worker and one assistant residential worker were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

5.4.4 Environment

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

5.4.5 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.

5.4.6 Accidents/incidents

In our review of notifications of accidents and incidents we noted that these were managed and recorded appropriately.

Areas for improvement

There were no improvements identified within the additional areas examined.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Christine McLean, registered manager, 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.

6.4 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.5 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.

6.6 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 in this report do not absolve the registered provider/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 provider/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 6.3 Stated: First time To be completed by: 15 April 2016 | The registered manager should ensure that all care plans, risk assessments and assessment reports for annual care reviews should be signed by the resident or their representative. | | |
| | Response by Registered Person(s) detailing the actions taken: All recordings have now been signed by the resident. | | |
| Recommendation 2 Ref: Standard 20.11 Stated: First time To be completed by: 15 April 2016 | The registered manager should ensure that the monthly monitoring visit reports are amended to specify (using the unique identifier) the residents approached to gather views on the quality of services and facilities provided by the home. | | |
| | Response by Registered Person(s) detailing the actions taken: The monthly monitoring visit reports now specify which residents were involved in discussion on the quality and facilities in the home and identified by their unique identity number. | | |
| Registered Manager completing QIP | Christine McLean | Date completed | 10/03/16 |
| Registered Person approving QIP | | Date approved | |
| RQIA Inspector assessing response | Alice McTavish | Date approved | 30/03/16 |

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