



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Iniscora (1621)  
**Date of Inspection:** 21 October 2014  
**Inspector's Name:** Alice McTavish  
**Inspection No:** IN016861

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of home:</b>	Iniscora
<b>Address:</b>	29 St Patrick's Drive Downpatrick BT30 6NE
<b>Telephone number:</b>	02844612128
<b>Email address:</b>	christine@mainstaydrp.org
<b>Registered Organisation/ Registered Provider:</b>	Mainstay DRP Helen Taylor, Responsible Person
<b>Registered Manager:</b>	Christine McLean
<b>Person in charge of the home at the time of inspection:</b>	Christine McLean
<b>Categories of care:</b>	RC-LD, RC-LD(E)
<b>Number of registered places:</b>	9
<b>Number of residents accommodated on day of Inspection:</b>	8
<b>Scale of charges (per week):</b>	As agreed with commissioning Trust according to individual need.
<b>Date and type of previous inspection:</b>	Primary announced inspection 15 January 2014
<b>Date and time of inspection:</b>	Primary announced inspection 21 October 2014 10am – 3.00pm
<b>Name of Inspector:</b>	Alice McTavish

## 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 and to consider 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
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- 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	2
Staff	3
Relatives	0
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	11	4

## 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

Iniscora residential care home is a large detached dwelling set in its own grounds situated in the town of Downpatrick in Co. Down and is close to all local amenities. The residential home is owned and operated by Mainstay DRP. Mrs Christine McLean is manager of the home and has been registered manager since 1991.

Accommodation for residents is provided in single and double rooms across the ground and first floor of the building. Access to the first floor is via stairs and a stair lift is provided. A number of communal sanitary facilities are available throughout the home. Communal lounges and dining areas are provided on the ground floor along with catering and laundry services. There is car parking to the front and side of the building.

The home is registered to provide care for a maximum of 9 persons under the following categories of care:

### Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

## 8.0 Summary of Inspection

This primary announced care inspection of Iniscora residential home was undertaken by Alice McTavish on 21 October 2014 between the hours of 10:00am and 3:00pm. Mrs Christine McLean was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these recommendations have been addressed within the timescales specified RQIA. The detail of the actions taken by Mrs Christine McLean can be viewed in the section following this summary.

Prior to the inspection, in June 2014, Mrs Christine McLean completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Christine McLean in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed returned staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## 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 in place, however, this did not reflect best practice guidance in relation to restraint, seclusion and human rights. A recommendation is made that the policy is reviewed. See section 10 of the report.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, 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 confirmed that they have received training in behaviours which challenge during induction but had not received refresher training. A recommendation is made that refresher training is provided. See section 10 of the report.

Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the 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. A recommendation is made regarding the need to notify Trust and RQIA of incidents or accidents. See section 10 of the report.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. A recommendation is made that the home's Statement of Purpose is reviewed to include details of the security measures in place. See section 10 of the report.

The evidence gathered through the inspection process concluded that Iniscora residential home was compliant with this standard.

### **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. Activities are provided by care staff and a selection of materials and resources were available for use during activity sessions. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Iniscora residential home was compliant with this standard.

### **Resident and staff consultation**

During the course of the inspection the inspector met with residents and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and 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 and staff are included in section 11.0 of the main body of the report.

### **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.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. A recommendation is made that a review of freestanding wardrobes is undertaken and appropriate measures are taken to secure these to the walls. See section 11.6 of the report.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting, fire safety and the completion of monthly monitoring visits. Further details can be found in section 11.0 of the main body of the report.

No requirements and five recommendations were 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, registered manager and staff 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 14 and 15 January 2014

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.4	The registered manager should ensure that details of important events including hospital admissions are included in review reports of residents.	Examination of review reports confirmed that the details of important events are included in review reports.	Complaint
2	11.3	The registered manager should ensure that residents views and sought and clearly demonstrated on the review reports prepared by staff for review meetings.	Examination of review reports confirmed that residents' views are sought and clearly demonstrated on the review reports.	Complaint
3	16.3	<p>The registered manager should ensure that all training resources are up to date and kept under review ensuring current best practice is reflected.</p> <p>If resources / information become out dated these should be removed and replaced with current best practice guidelines.</p>	Examination of training records confirmed that they have been updated and out of date information had been removed.	Complaint
4	16.1	The registered manager should ensure the designations of individuals be included alongside the names and telephone numbers to be used when handling Protection of Vulnerable Adult issues. Details of the out of hour's	Examination of contact details for Adult Safeguarding Team and Regional Emergency Social Work Team confirmed that all contacts have been updated.	Complaint

		social work service should also be included.		
5	32.1	Ensure medicines including medicated lotions and creams are stored securely under conditions that conform to statutory requirements.	Discussion with the registered manager confirmed that the lock on the identified creams cupboard had been repaired and the cupboard is locked.	Complaint
6	27.8	The registered manager should ensure that the identified chair should be removed and replaced in a resident's bedroom.	Discussion with the registered manager confirmed that the identified chair has been removed and replaced.	Complaint
7	19.3	The registered manager should ensure details of information obtained as a result of a POCVA check should be handled in line with DHSSPS guidance "Choosing to Protect".	Discussion with the registered manager confirmed that details of information obtained as a result of a POCVA check is handled in line with DHSSPS guidance "Choosing to Protect".	Compliant
8	19.6	The registered manager should review and avail of opportunities to help residents or their representatives be involved in the recruitment process where possible.	Discussion with the registered manager confirmed that a review had been undertaken of the staff recruitment process to help residents and their representatives to be involved in the process where possible. A 'meet and greet' exercise had been developed but was met with limited success. Mainstay DRP continues to consider other approaches.	Complaint

9	20.11	The registered person should ensure monthly monitoring reports are completed in accordance with Regulation 29 as information pertaining to complaints was not documented in appropriate records.	Examination of monthly monitoring reports confirmed that they are being completed appropriately.	Complaint
	17.10	The registered manager should ensure there is clear evidence of resident's and / or other complainants satisfaction in relation to the outcome of complaints made.	Discussion with the registered manager and examination of the complaint records confirmed that there is clear evidence of resident's and / or other complainants satisfaction in relation to the outcome of complaints made.	Compliant

## 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>	
All information is recorded on admission. Careplans and risk assessment record conducts and behaviours. All are discussed at staff handover and staff meeting. Discussed at residents meeting if appropriate.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy and procedure in place entitled 'Policy for Training in Relation to Violence and Aggression (Care and Responsibility Training)', dated January 2014. A review of the policy and procedure identified that it did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure did not include the need for Trust involvement in managing behaviours which challenge, nor did it detail that RQIA must be notified on each occasion restraint is used. A recommendation is made that the policy is reviewed.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that care staff had not received regular training in behaviours which challenge. Discussion with the registered manager identified that this training was not provided as there are no instances where challenging behaviour is present, however, training would be provided if any resident developed behaviours which would make this necessary. A recommendation is made that arrangements are made that staff are provided with refresher training in behaviours which challenge.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Substantially compliant

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires identified that staff feel they are well supported and are provided with adequate training.

<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>Staff record all concerns in residents daily notes and contact reports. Staff monitor and report appropriately to multi-disciplinary team. Careplan and risk assessments are adapted if required. Behaviour nurse intervention if required.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The policy and procedure 'Policy for Training in Relation to Violence and Aggression (Care and Responsibility Training)', dated January 2014 includes the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the resident identified uncharacteristic behaviour.</p> <p>Discussion with the registered manager confirmed that the staff team is aware that a referral can be made to the Behaviour Nurse Therapist and the Psychology Services within South Eastern Health and Social Care Trust to obtain assistance with managing uncharacteristic behaviours.</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>	<b>COMPLIANCE LEVEL</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>Provider's Self-Assessment</b>	
A emergency review, with the mutldisciplinary team, resident and their representative.	Compliant
<b>Inspection Findings:</b>	
A review of three care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Complaint

<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>	
One resident has behaviour guidelines which was devised by behaviour nurse and staff team.	Compliant
<b>Inspection Findings:</b>	
The registered manager informed the inspector that at the time of completing the pre-inspection information, one resident had a behaviour management programme in place.  There are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable

<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> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Training is identified and provided by a relevant source. Behaviour nurse provides guidance and support.	Compliant
<b>Inspection Findings:</b>	
There are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.  Staff confirmed during discussion that, if required, guidance and support is readily available for the Behaviour Nurse Therapist. Staff confirmed that additional support would be provided through specialist training, in supervision and in staff meetings.	Not applicable

<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>All is actioned in accordance to Mainstay DRP policies and procedures. All the multi-disciplinary are informed and careplan and risk assessment adapted.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b>                      A review of the accident and incident records from January 2014 to October 2014 and discussion with staff identified that six incidents had occurred outside of the scope of a resident's care plan. These incidents had not been reported to Trust personnel and RQIA. A recommendation is made that all accidents and incidents which impact on the health, care or welfare of residents should be reported to Trust and RQIA.                       The registered manager and staff confirmed during discussion that when 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>Substantially 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>	
While not applicable to Iniscora Mainstay have a detailed Restrictive Practice policy.	Not applicable
<b>Inspection Findings:</b>	
<p>Discussion with the registered manager and staff confirmed that restraint would only be used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.</p> <p>Residents confirmed during discussion that they were aware of decisions that affect their care. Residents have free access throughout the building and are aware that the front door is locked at night as part of normal security measures, also that there is a door alarm on the side door which does not restrict access but sounds an alarm if the door is opened.</p> <p>A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint and restrictive practices used in the home; the home's Statement of Purpose and the Residents Guide should be reviewed to give details of locking of doors at night and the use of the door alarm. A recommendation is made in this regard.</p>	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> 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>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Iniscora has a weekly activity chart and all activities and participants are recorded in the activity book. Staff find entertainment in the local papers and postal websites. Also recorded in careplans and discussed at staff and residents meetings.	Compliant
<b>Inspection Findings:</b>	
The home had policy on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>All activities are recorded in the activity book, monthly summaries. Risk assessments are carried out prior to any new activity.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b>                      Examination of the programme of activities identified that social activities are organised on a daily basis. Residents attend day care between Monday and Friday and activities are arranged for each evening and for weekends.                       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 community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

<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>	
One resident enjoys time in his room, does not join in residents meetings but staff talk to him separate and encourage him to give ideas of activities he enjoys.	Compliant
<b>Inspection Findings:</b> A review of the record of activities provided and discussion with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities during monthly residents meetings.  Residents and their representatives were also invited to express their views on activities by means of an annual audit issued by the home, in one to one discussions with staff and in care management review 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>	
All the residents are informed of the weekly activities as 2 are visually impaired.	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate large print and pictorial format to meet the residents' needs.</p>	Compliant

<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>	
Yes, aids are provided at ten pin bowling and swimming for the residents. If other aids or equipment are required these are organised before the event.	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided for each evening and at weekends by care staff.</p> <p>Discussion with care staff and examination of the resources confirmed that there was an plentiful supply of activity equipment available. This equipment included arts and crafts supplies, books, colouring materials, board games, jigsaw puzzles, DVDs, CDs.</p> <p>Mainstay DRP purchases equipment. Residents pay for their own activities e.g. cinema admission and Mainstay DRP may subsidise costs if required, including the costs of some holidays.</p>	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>	
All is recorded in care plans and activity book.	Compliant
<b>Inspection Findings:</b>	
Care staff and the registered manager confirmed 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 activities.	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
<b>Inspection Findings:</b> The registered manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore, this criterion is not applicable at this time.	Not applicable

<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
<b>Inspection Findings:</b>	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion.	Not applicable

<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>	
Recorded in daily notes, monthly reports and activity book	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.  There was evidence that appropriate consents are in place in regard to photography and other forms of media.	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 through residents meeting and feedback on a regular basis.	Compliant
<b>Inspection Findings:</b> A review of the programme of activities identified that it had last been reviewed on 19 September 2014. The records also identified that the programme had been reviewed at least twice yearly.  The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.  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.	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 two residents individually and with six others in groups. Residents were observed relaxing in the communal dining area. In accordance with their capabilities all residents indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'I really like it here. I don't keep very well and knowing that there is staff around all the time makes me feel safe...the staff are brilliant.'

'It's great here. The staff look after us all very well.'

### **11.2 Staff consultation/Questionnaires**

The inspector spoke with one staff member of care assistant grade individually and with three others in a group; four staff completed and returned questionnaires. A review of the completed questionnaires and 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 demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'I think it is like home from home. The residents' needs are tended to, they are well cared for and I would recommend this place to anyone. Dignity is respected, it is a relaxed place where residents and staff can banter and enjoy each other's company.'

### **11.3 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

### **11.4 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 01 April 2013 and 31 March 2014.

## 11.5 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 evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

## 11.6 Environment

The inspector viewed the home accompanied by senior care assistant Helen McCullough and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. A recommendation is made, however, that a review of all freestanding wardrobes is undertaken and that these are secured to the wall, if necessary, to prevent toppling and causing injury to residents.

## 11.7 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.

## 11.8 Fire Safety

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.

The inspector examined the home's most recent fire safety risk assessment dated 17 June 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff on 2 September 2014. The records also identified that an evacuation had been undertaken on 6 October 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

## **11.9 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Christine McLean. Mrs McLean 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.

## **11.10 Monthly monitoring visits**

An examination of the records confirmed that monitoring visits are being completed on a monthly basis.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Christine McLean 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:

**Alice McTavish**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

Iniscora

21 October 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 Mrs Christine McLean 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	10.1	<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>	One	Policy and procedure document has been reviewed to include Trust involvement in managing challenging behaviours and the notification to RQIA when restraint is used.	31 December 2014
2	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 arrangements are made that staff are provided with refresher training in behaviours which challenge.</p>	One	Challenging Behaviour Awareness training is arranged for all Iniscora Project staff on the 14 <sup>th</sup> January 2015, by Paul Mills, Behaviour Nurse.	31 December 2014

3	10.6	<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>	One	RQIA and Trust are now notified of all accidents and incidents which impact on the residents.	Immediate and ongoing
4	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 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>	One	Statement of Purpose and Residents Guide has been reviewed and reference of locking doors at night and the use of the door alarm included.	31 December 2014
5	27.3	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.	One	All wardrobes have been secured to the wall.	31 December 2014

		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.			
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**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Christine McLean
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Helen Taylor

<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	Alice McTavish	11 November 2014
Further information requested from provider			