

# Inspection Report

22 July 2021



## Iniscora

Type of service: Residential Care Home  
Address: 29 St Patrick's Drive, Downpatrick, BT30 6NE  
Telephone number: 028 4461 2128

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Mainstay DRP  <b>Responsible Individual:</b> Dr Patrick Moore - acting	<b>Registered Manager:</b> Mr Adrian Ghosh  <b>Date registered:</b> 7 February 2021
<b>Person in charge at the time of inspection:</b> Mr Adrian Ghosh	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides social care for up to 9 persons.  Resident bedrooms are located over two floors. Residents have access to the communal lounges, the dining room, the garden and the patio area.	

## 2.0 Inspection summary

An unannounced inspection took place on 22 July 2021 at 11:50 am to 4:10 pm by the care inspector.

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

Evidence of good practice was found in relation to care delivery and maintaining good working relationships.

This inspection resulted in no areas for improvement being identified.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, relatives and staff are included in the main body of this report.

The findings of this inspection provided RQIA with assurance that care delivery and service provision within Iniscora was safe, effective, compassionate and that the home is well led.

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 Mr Adrian Ghosh, manager at the conclusion of the inspection.

## 4.0 What people told us about the service

During the inspection we spoke with six residents individually, a resident's relative and three staff. Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received eight completed questionnaires from residents, who indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. The following comments were recorded;

"I have good friends here. Staff are really nice."  
"I'm happy."

Three questionnaires were received from staff within the timescale specified with the following comments;

"It's been a great place to work. There is a great homely atmosphere."  
"The manager and senior residential worker are very approachable and do whatever they can to accommodate."

The returned staff questionnaires indicated that they were very satisfied that residents were safe and protected from harm and that care was compassionate and effective. Two questionnaires indicated that they thought the service was well led and one questionnaire advised that the staff member was neither satisfied or dissatisfied that the service was well led.

A relative spoken with commented;

"Everything is a hundred per cent. Staff abide by the rules regarding PPE. They're all very good to him and I've no concerns. If I did have a concern I would speak to Adrian (manager) or staff and would be confident any issues would be sorted out. We're all very happy and staff will phone us to keep us up to date."

## 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 23 November 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of notices displayed in the home evidenced that they had been laminated and could be wiped clean in order to minimise the risk and spread of infection.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.	<b>Met</b>
	Discussion with the manager and observation of pull cords throughout the home, evidenced they are fitted with washable covers in order to adhere to infection prevention and control best practice.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. For example, staff received regular training in a range of subjects including adult safeguarding, control of substances hazardous to health (COSHH), dysphagia awareness, personal protective equipment (PPE), Covid -19 training and fire safety.

Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. 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. The manager's hours, and the capacity in which these were worked, were clearly recorded.

A staff member spoken with said: "I love working here and wish I had started a long time ago. Adrian (manager) is approachable and supportive. It's a good team and everyone is great to work with. I have no issues."

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A resident spoken with said: "I enjoy being outside in the greenhouse. We are growing tomatoes and strawberries. The staff's good and they're nice."

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their duties in a professional and caring manner.

### 5.2.2 Care Delivery and Record Keeping

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.

Review of two residents' care records regarding personal care, nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

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.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records reviewed were well documented and it was noted that records showed residents' had gained weight or their weight had remained stable.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

The annual care review for nine residents, by the care manager from the local Trust, was reviewed regarding their placement in the home. No concerns or issues were identified by any party who attended each review.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

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.

We observed the lunchtime meal for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together. Staff had made an effort to ensure residents were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner. Residents said that they enjoyed lunch.

In summary, no concerns were identified regarding the resident dining experience and care delivery.

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

We observed the external and internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were 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.

Review of a selection of records for July 2021, evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting arrangements were managed in line with DoH and IPC guidance.

Review of records, observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

The findings of the inspection provided assurance that there were effective systems in place regarding the management of infection.

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

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

Discussion with staff and residents evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The manager advised that residents had enjoyed a range of activities provided by staff such as gardening, art and music. Adult day care offering residents a variety of services and activities had recently recommenced, after closing during lockdown in order to adhere to government guidelines. Residents spoken with said they were looking forward to attending again and meeting friends.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

#### **5.2.5 Management and Governance Arrangements**

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

Review of records confirmed that a process was in place and regularly reviewed by the manager to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

Staff supervision and appraisals were discussed with the manager who advised that supervisions had commenced for 2021 and that a system was in place to ensure that annual appraisals will be completed.

Review of two staff induction records evidenced that one induction had been completed, reviewed and signed and one induction for a new staff member was ongoing. The manager advised the induction record would be reviewed and signed by the manager after completion.



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 of the supported living service, Mr Gareth Baker, 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.

The manager confirmed staff were aware of deprivation of liberty safeguards (DoLS) and restrictive practices and that all staff had completed DoLS level 2 training. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice. Staff told us they were confident that they could report concerns about resident's safety and poor practice.

The manager advised that resident meetings and staff meetings were held on a regular basis.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of 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.

Review of the legionella risk assessment for 12 November 2020 showed that the action plan had not been signed to confirm that work identified had been completed. Correspondence from the manager on 30 July 2021 confirmed that all remedial work identified in the legionella risk assessment has been completed. Following subsequent discussion with RQIA estates inspector, advice has been forwarded to the manager around the control measures. Correspondence received from the manager on 1 September 2021 confirmed that that all internal and external water outlets, including infrequently used taps are flushed twice weekly and records are kept.

The manager advised no complaints had been raised since the last care inspection and that systems were in place to ensure that complaints were managed appropriately.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

The manager commented;

"Staff have been very dedicated throughout the pandemic with all its challenges and staff morale is good."

There were systems in place to monitor the quality of care delivery and service provision within the home; these were used by the management team to help drive improvement in the home.

## 6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness and were observed to be attentive to residents who were unable to verbally express their needs. The home was clean, tidy, comfortably warm with no malodour.

Residents were seen to express their right to make choices throughout the day and staff were observed to ensure residents' dignity and privacy were maintained.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe, effective care in a caring and compassionate manner; and that the service is well led by the manager.

Thank you to the residents, a relative and staff for their assistance and input during the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Adrian Ghosh, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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