

# Inspection Report

## 22 September 2022



### 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> Ms Monica Starkey – not registered
<b>Person in charge at the time of inspection:</b> Mrs Eileen McKendry, Assistant Residential Worker 10.05 am – 10.30 am Ms Monica Starkey, Manager 10.30 am – 4.30 pm	<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> 5
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides a short break social care service, currently operational for up to seven persons out of nine registered places. An open evening was held on 1 August 2022 to provide an opportunity for all to view the new short break service facility and to answer any questions.  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 September 2022 at 10:05 am to 4:30 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.

Five areas for improvement have been identified in relation to staff recruitment, the maintenance of the external laundry facility, health and safety, staff competency/capability assessment and staff supervision and appraisal.

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 staying 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.

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 Ms Monica Starkey, Manager, at the conclusion of the inspection.

## 4.0 What people told us about the service

During the inspection we spoke with small groups of residents in the lounge and dining room and two staff. Visitors were unavailable to consult with. 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 three completed questionnaires from residents, who indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No responses to questionnaires were received from residents' representatives or staff within the timescale specified.

## 5.0 The inspection

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

The last inspection to Iniscora was undertaken on 22 July 2021 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that a pre-employment health assessment was in place and enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work. A structured orientation and induction programme was undertaken at the commencement of their employment. However, the reason for leaving past employment was not consistently recorded. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory and there were enough staff on duty to meet the residents' needs. The manager told us that staff recruitment is underway and 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.

A review of records confirmed that a process was in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding dysphagia, Safety intervention training/Multi Agency Public Protection Arrangements (MAPPA), Personal Protective Equipment (PPE)/Covid-19, Deprivation of Liberty Safeguards (DoLS), infection prevention and control (IPC) and fire safety.

Staff told us that 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.

### 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 care records regarding mobility and nutrition 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.

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 by the SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff offered residents a selection of drinks and snacks throughout the day.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together. Staff wore aprons and the daily menu was displayed in the dining room showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

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

We observed the internal and external environment of the home and noted that the home was comfortably warm and clean throughout. Review of the daily cleaning schedule confirmed that tasks had been documented and signed by staff on completion.

The kitchen and cleaner's store were observed to be appropriately locked.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. It was noted that carpets in the corridors and on the stairs were stained. This was discussed with Ms Monica Starkey, manager, who provided an action plan of home improvements and advised arrangements have been made to close the home for two weeks in October 22 in order to undertake a total refurbishments including the deep cleaning of carpets. The manager advised no residents will reside in the home during this time. Refurbishment improvements will be reviewed at the next inspection.

Observation of the external laundry facility evidenced that significant improvements are required. This will include the provision of an easily cleaned floor and refurbishment of ceiling and wall surfaces to meet current infection control best practice. This was discussed with the manager who advised the use of the external laundry will be reviewed. An area for improvement has been made.

A cupboard on the first floor that houses the hot water tank with electrical cables and switches was seen to be unlocked and easily accessed. This was discussed with the manager as it could cause potential harm to patients' health and welfare and an area for improvement was identified.

It was noted that an identified toilet on the ground floor had no staff call facility. This was discussed with the manager who advised this would be added to the refurbishment plan. This will be reviewed at the next inspection.

The Fire Risk Assessment dated 27 September 2021 was reviewed. Corridors and fire exits were clear from clutter and obstruction. It was noted that the fire door leading to the upstairs floor was not closing fully. This was discussed with the manager who advised that a Fire Risk Assessment has been arranged for 23 September 2022 and the concern regarding the fire door would be discussed with the assessor. A copy of the Fire Risk Assessment undertaken on 23 September 2022 was requested and received by RQIA on 4 October 2022 for review.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. 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.

Visiting arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

#### 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 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 closure during lockdown in order to adhere to government guidelines. Residents spoken with said they enjoyed attending day care.

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.

#### 5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change of service provision and management arrangements of the home. Discussion with staff evidenced that the manager's working patterns supported effective engagement with residents, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The Statement of Purpose and the Residents' Guide for the new short break service was reviewed. Both were informative regarding the aim, objectives and the facilities and services offered within the home.

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. Mr Gareth Baker, service manager, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed a selection of competency/capability assessments for staff in charge of the home and noted that one staff member's assessment was overdue for review. This was discussed with the manager and an area for improvement was identified.



Review of records showed that not all staff had regular supervision and an annual appraisal completed for 2022. This was discussed with the manager and an area for improvement was identified.

Correspondence from the manager on 4 October 2022 confirmed that staff supervision and appraisals had been completed.

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

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.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans and infection prevention and control (IPC) practices, including hand hygiene.

The manager advised that systems were in place to ensure that complaints were managed appropriately. Staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff spoken with commented positively about the manager and described her as supportive and approachable.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Monica Starkey, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time  <b>To be completed by:</b> 2 December 2022	The registered person shall ensure that the premises are well maintained and remain suitable for their stated purpose and that the external laundry facility is suitably refurbished to meet current infection control best practice.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All modifications have been completed.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> These repairs have been completed albeit a pull cord which has been placed on order with our installation company
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	The registered person shall ensure that records regarding recruitment of staff are at all times available for inspection in the home by any person authorised by the RQIA. This relates specifically to the recording of reasons for leaving past employment.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> These records are stored securely with our Organisation's Central Office and are protected so that only essential staff can review the information. These are available for Inspectors to review upon request and will be delivered to the inspector on the day of inspection

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that a robust system is developed and implemented which ensures effective managerial oversight of staff competency and capability assessments.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All competencies and capabilities are upto date. A new system has been created on Microsoft Teams for auditing purposes</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 24</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All supervisions and appraisals. A new system has been created on Microsoft Teams for auditing purposes.</p>

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



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