

# Unannounced Care Inspection Report 23 January 2018



## Iniscora

**Type of Service: Residential Care Home**  
**Address: 29 St Patrick's Drive, Downpatrick, BT30 6NE**  
**Tel No: 028 4461 2128**  
**Inspector: Alice McTavish**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with nine beds that provides care for adults who have a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mainstay DRP  <b>Responsible Individuals:</b> Helen Owen	<b>Registered Manager:</b> Laura Torney
<b>Person in charge at the time of inspection:</b> Laura Torney	<b>Date manager registered:</b> 28 December 2017
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 9

### 4.0 Inspection summary

An unannounced care inspection took place on 23 January 2018 from 09.50 to 13.50.

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

The inspection assessed progress with any areas for improvement identified 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 staff supervision, adult safeguarding, infection prevention and control, risk management, care records, audits and reviews, communication between residents, staff and other key stakeholders, listening to and valuing residents, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships

Areas requiring improvement were identified. These related to staff training, staff appraisal and to the environment of the home

Residents said that they enjoyed living in the home and that staff treated them well.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Laura Torney, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 26 September 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with three residents, four staff and the manager. No visiting professionals and no residents' representatives were present.

A total of 10 questionnaires were provided for distribution to residents and their representatives. The manager was provided with details of how staff could complete and return questionnaires to RQIA electronically. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of four residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 26 September 2017**

The most recent inspection of the home was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 26 September 2017**

There were no areas for improvements made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The manager advised that no new staff had been recruited; as completed induction records were reviewed during the last care inspection and found to be satisfactory, induction records were not reviewed on this occasion.

In discussion with staff they advised that mandatory training, supervision and appraisal of staff were regularly provided. A review of the schedule for mandatory training identified that fire training had not been provided twice annually. Action was required to ensure compliance with the standards in relation to staff training. A review of staff supervision schedule confirmed that supervision was provided to all staff at least twice annually. In discussion with the manager and staff it was established that staff had not received an annual appraisal. Action was required to ensure compliance with the standards in relation to staff appraisal.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. The manager advised that such assessments were reviewed annually. This represented good practice.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. As no staff had been recruited since the previous inspection, staff personnel files were not reviewed on this occasion.

The manager advised that enhanced AccessNI disclosures were viewed by the organisation for all staff prior to the commencement of employment and that AccessNI information was managed in line with best practice.

The manager described the arrangements in place to monitor the registration status of staff with their professional body (where applicable). The organisation retained records of the registration details of each staff member, the date of renewal and registrations for all staff were checked monthly. This represented good practice.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager advised that no adult safeguarding issues had arisen since the last care inspection. All suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during a previous care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The manager confirmed there were risk management policy and procedures in place in relation to safety in the home. The manager advised that the home's policy and procedures relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure during previous care inspections confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. It was noted that carpets had been replaced throughout the hallway, stairs, landing and the lounges and that the wall in one lounge had been redecorated and curtains replaced. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. It was noted, however, that a chest of drawers was damaged and in need of repair or replacement in one identified bedroom. Action was required to ensure compliance with the standards.

The home had an up to date fire risk assessment in place dated 23 August 2017 and all recommendations were noted to be appropriately addressed.

A review of documentation confirmed that fire drills were completed regularly and that all staff had attended at least one fire drill annually. Records were retained of staff who participated in fire drills and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Areas for improvement

Three areas for improvement were identified during the inspection. These were in relation to staff training, annual appraisal and to the repair or replacement of an item of furniture.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

#### 6.5 Is care effective?

##### **The right care, at the right time in the right place with the best outcome**

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection. A review of the care records of five residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. choking, behaviour management, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

In discussion with staff it was established that they were familiar with person centred care and that confirmed that a person centred approach underpinned practice; staff were able to describe in detail the individual choices and preferences of residents.

An individual agreement setting out the terms of residency was in place and appropriately signed.



The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents, complaints, environment, catering and social inclusion were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with staff and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner, for example, there were care plans in place for those residents who experienced distressed reactions or chronic pain.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, for example, there was an easy read guide in the home regarding consent.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity; staff were able to demonstrate how residents' confidentiality was protected.

The manager and staff advised that residents were listened to, valued and communicated with in an appropriate manner, also that residents' needs were recognised and responded to promptly and courteously by staff.

Residents and staff confirmed that the views and opinions of residents were taken into account in all matters affecting them, for example, there were regular resident meetings and residents were encouraged and supported to actively participate in the annual reviews of their care. In addition, the organisation had introduced a regular resident and representative forum and this had proved beneficial.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, also that arrangements were in place for residents to maintain links with their friends, families and wider community.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide (which was also provided in an easy read version) and posters displayed in the home. In discussion with staff they advised that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints. The manager also reported that complaints management was discussed with staff during supervision and at staff meetings.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A monthly audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager established that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dementia, epilepsy, bespoke training regarding swallowing, the use of thickening agents and textured diets.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager was in the process of completing the QCF level 7 award and other staff were being supported to complete training in becoming a team leader. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

A review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

A review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Laura Torney, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2018	The registered person shall ensure that fire training is provided twice annually.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Fire training will be provided on Wednesday 14th March 2018
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2018	The registered person shall ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> These will be completed by 31st March 2018
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2018	The registered person shall ensure that the broken drawer in the chest in one identified bedroom is either repaired or replaced.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> The broken drawer has been repaired

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



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