



Unannounced Care Inspection Report 23 November 2019



Iniscora

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

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to nine residents.

3.0 Service details

Organisation/Registered Provider: Mainstay DRP Responsible Individual: Helen Owen	Registered Manager and date registered: Adrian Ghosh Acting, no application required
Person in charge at the time of inspection: Leanne Deegan, Shift Leader	Number of registered places: 9
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 23 November 2019 from 10.40 to 15.40 hours.

The inspection assessed progress with all 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 staff induction, supervision and appraisal, care records, audits and reviews, the culture and ethos of the home, governance arrangements and to maintaining good working relationships.

One area requiring improvement was identified. This related to notification of accidents and incidents to RQIA.

Residents described living in the home in positive terms. Residents less able to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and with staff.

Comments received from residents and people who visit them during and after the inspection are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Adrian Ghosh, 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 inspection dated 12 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Nine questionnaires were completed and returned by residents. The respondents indicated that they were satisfied with all aspects of the care and services provided in Iniscora. A resident commented "Staff are very good at helping me in all my care needs".

Four members of staff submitted responses to the online survey. All respondents were satisfied or very satisfied with the care and services provided in Iniscora.

During the inspection a sample of records was examined which included:

- staff duty rotas from 6 October to 30 November 2019
- staff training schedule and training records
- one staff induction
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from 16 August to 7 November 2019
- reports of visits by the registered provider from January to September 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 12 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure that a cook is employed to work in the home.	Met
	Action taken as confirmed during the inspection: A cook was employed and had commenced duties in the home.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the internal woodwork in the home is repainted.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that this had been addressed.	

6.2 Inspection findings

6.3 Is care safe?

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

The manager and staff on duty confirmed that staffing was safe and kept under review. There was care, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to assist and support residents.

The manager described how all staff were properly vetted and suitable to work with the residents in the home and that all selection and recruitment documents were signed off by the responsible individual.

We spoke with staff who told us that they had a good induction to working in the home and that they got regular supervision. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff.

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We saw that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The manager told us that the care staff received training in all of the core areas every year. This was good practice.

We noted in the training records that there was only one date for fire training; fire training is required to be provided twice each year. We later spoke with the responsible individual who advised that this training was provided twice annually but the manager, being relatively new to the post, had not recorded the second date; this would be recorded in future.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to standards of conduct and practice. We looked at the records kept by the manager of staff registrations and saw that these were checked regularly.

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion. A report on the safeguarding arrangements for the previous year had been completed.

Staff were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home’s whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We saw that bedrooms contained residents’ personal items and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There were communal lounges for the use of residents which provided space for activities and meetings. All fire exits were free from obstruction. The furniture throughout the home was in good repair.

The manager told us that he made sure that residents living in Iniscora enjoyed as much freedom as possible whilst remaining safe; a small number of restrictions were necessary to achieve this. Residents who were safe to leave the home alone or with family could exit the home freely. When we looked at care records for residents we saw that any restrictions were documented.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, supervision and appraisal, adult safeguarding and the home’s environment.

Areas for improvement

No areas were identified for improvement.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

The manager described a robust assessment and admissions process before residents could be admitted to Iniscora. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. The manager described how there was good working relationships between professionals and how this contributed to residents being provided with the correct care.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available.

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents chatting and at ease with staff. Staff were attentive and promptly responded to residents' needs. We saw that when a resident became unsettled, staff were able to offer appropriate comfort and support.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed and how they like to be helped with care. We saw, too, that residents had provided their written consent for sharing information with other relevant agencies or bodies. This was good practice.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be agitated and in need of additional reassurance or support.

Staff told us about the wide range of activities available and how they worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. This inspection took place at a weekend. We saw that residents, many of whom usually go to day care during the week, were having a leisurely day; residents told us that they were planning to go out to a pub that evening and that they enjoyed the activities on offer. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We looked at the minutes of residents' meetings which were held each month. This gave residents an opportunity to discuss any issues and to make suggestions about what they would like. Staff also reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was a satisfaction survey completed annually by residents. We looked at the summary report for the survey completed in 2019 which indicated that all parties were very satisfied with the care, services and facilities in the home.

We spoke with residents who told us that they were well looked after and enjoyed living in Iniscora. We met with four residents' relatives who made the following comments:

- "The care here is fantastic! (Our relative) loves living here...the staff are brilliant, they treat (our relative) so well and they let us know the moment they have any concerns about him. (Our relative) led a very sheltered life and even his mother can now see that moving here has been great for him. We couldn't recommend Iniscora highly enough."
- "We are so pleased to see (our relative) going out every day and having the choices that he has. He has one to one support from staff and he now has the stimulation that he needs."
- "The staff here treat the residents very well...they are kind and caring."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

The manager completed a range of tasks to make sure he was satisfied that the home ran well. Audits were completed monthly across areas such as the home's environment, fire safety checks and care records and looked for any ways in which these areas could be improved. The manager made sure that staff are properly supported to do their jobs through providing the correct guidance and resources. The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in Human Rights, swallow awareness and the emergency administration of epilepsy medication.

The manager dealt with any complaints raised by residents or their family members. We looked at the records of complaints and saw that there was a system in place to manage complaints appropriately. We saw that residents and their families were provided with information about how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed. The manager also shared compliments received from residents, their families and professionals as this was important for staff morale and learning.

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were largely satisfactory; we noted, however, that one incident was not correctly notified to RQIA. Advice was provided to the manager regarding the how the records of accidents and incidents could be arranged to allow for more accurate managerial oversight. Action was required to comply with the Regulations in relation to notifications to RQIA.

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising and best practice guidance.

The home was visited by the registered provider each month to ensure that all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between January and September 2019. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

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

Areas for improvement

One area was identified for improvement. This was in relation to notification to RQIA of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	1	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 Adrian Ghosh, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2019</p>	<p>The registered person shall ensure that RQIA is notified of all events in line with current guidance.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Mainstay has reviewed the process of reporting notifiable events with senior staff</p>
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Please ensure this document is completed in full and returned via Web Portal



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