



Unannounced Care Inspection Report 23 November 2020



Iniscora

Type of Service: Residential Care Home (RCH)
Address: 29 St Patrick's Drive, Downpatrick, BT30 6NE
Tel No: 028 4461 2128
Inspector: Linda Parkes

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 residential care home registered to provide residential care for up to 9 residents.

3.0 Service details

Organisation/Registered Provider: Maintstay DRP Responsible Individual: Helen Owen	Registered Manager and date registered: Adrian Ghosh – registration pending
Person in charge at the time of inspection: Adrian Ghosh	Number of registered places: 9
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 23 November 2020 from 10.25 to 15.45 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

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

The following areas were examined during the inspection:

- The environment/Infection Prevention and Control
- Staffing and care delivery
- Residents' records
- Governance and management.

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	0	2

Areas for improvement and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with six residents and four staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 16 November 2020 to 28 November 2020
- staff training records
- two staff induction records
- incident and accident records
- a selection of quality assurance audits
- daily cleaning schedule
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- resident activity participation record book
- two residents' nutritional intake charts
- two residents' daily care charts
- two residents' monthly weight records
- two patients' care records
- RQIA registration certificate.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 November 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 30 (1) Stated: First time	The registered person shall ensure that RQIA is notified of all events in line with current guidance.	Met
	Action taken as confirmed during the inspection: The manager advised that the process of reporting notifiable events has been reviewed with senior staff. Review of a selection of records from 14 June to 4 November 2020 evidenced that RQIA is notified of all events in line with current guidance. This area for improvement has been met.	

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

Review of a selection of records from 30 October 2020 to 14 November 2020 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. The domestic store was observed to be locked appropriately.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

At the top of the stairs it was noted that the door closure mechanism was faulty, as the door was closing quickly and not in a controlled manner. This was discussed with the manager who advised that it had been reported to the maintenance team to request for it to be fixed. Correspondence from the manager on 10 December 2020 advised that the door closure mechanism has been fixed.

Information displayed in the dining area and on the residents' notice board in the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

In addition, pull cords in identified bathrooms throughout the home were observed to be uncovered and therefore could not be easily cleaned. This was discussed with the manager and an area for improvement was identified.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 16 November 2020 to 28 November 2020 evidenced that the planned staffing levels were adhered to. No concerns regarding staffing levels were raised by residents or staff in the home. Two returned staff questionnaires indicated they were very satisfied that staff were employed in sufficient numbers to meet the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Iniscora. We also sought the opinion of residents and their representatives on staffing via questionnaires. Eight returned resident questionnaires indicated that residents received good care and that staff were kind to them.

Cards of thanks were displayed in the home. One comment recorded included:

"Thank you for being so fantastic and doing such an amazing job."

We observed the serving of the teatime meal in the dining room. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. The menu for the day was appropriately displayed on the notice board.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents were observed to enjoy decorating the Christmas tree. They showed the inspector Christmas decorations they had made. The activity planner was displayed on the residents' board of the home to inform of planned activities. Review of the resident activity participation book from 19 November 2020 to

22 November 2020 evidenced that residents had participated in games, art, pottery, watched a Christmas movie and gone for walks with staff.

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. He advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.2.3 Resident records

Review of two residents' care records regarding 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.

Four patients' supplementary charts in relation to daily care and nutritional intake were reviewed and were observed to be well maintained.

Two residents' monthly weight records were reviewed from 19 July 2020 to 22 September 2020. No concerns were identified.

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.

6.2.4 Governance and management

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.

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

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 infection prevention and control (IPC) practices including hand hygiene.

We reviewed accidents/incidents records from 14 June 2020 to 4 November 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed.

Records from 21 September 2020 to 15 October 2020 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

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 2020 evidenced that staff had attended training regarding adult safeguarding, infection prevention and control (IPC), including hand hygiene and fire safety.

Review of two staff induction records evidenced that both had been reviewed and signed by the manager after completion.

The provision of staff supervision and appraisal for 2020 was discussed with the manager who confirmed this had commenced and was ongoing.

Staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, risk management and communication between residents and staff.

Areas for improvement

Two areas of improvement were identified regarding infection prevention and control (IPC) to ensure that notices displayed in the home are laminated and that pull cord are fitted with washable covers.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to Infection Prevention and Control, to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Correspondence from the manager on 10 December 2020 advised that an arrangement has been made to order wipeable pull cords.

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

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 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Notice not laminated has been removed and staff reminded only notices issued by Central Office and laminated should be displayed</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: In place, all pull cords have been fitted with washable plastic tubing</p>

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



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