

Inspection Report

Name of Service:	Innisfree
Provider:	Innisfree
Date of Inspection:	8 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Innisfree
Responsible Person:	Mrs Shauna Anne Stanford
Registered Manager:	Mrs Shauna Anne Stanford
Service Profile –	
<p>This home is a registered residential care home which provides health and social care for up to 28 residents. The home provides care for residents living with dementia, residents with a learning disability and residents with a physical disability other than sensory impairment. The home also provides general residential care.</p> <p>The home is situated on the ground floor of the building with single bedrooms. Residents have access to two communal lounges, four bathrooms, the dining room and a patio and garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 July 2025, from 9 am to 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

Residents said that living in Innisfree was a good experience.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. One area for improvement has been carried forward for review at the next medicines management inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents described staff as "absolutely marvellous" and "great". Residents spoken with said that they were happy living in Innisfree. Comments included, "I think it is lovely here, you could not get better," and "it is very good, we get everything that we need."

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' relatives said, "this is a very friendly place, we are happy with the care," and "amazing, this is very reassuring for me, the staff are great."

A health care professional visiting the home confirmed that they were happy with the care provided in the home and felt that they were managing well.

Staff said that they enjoyed working in Innisfree, staff said; "I Think it is good, we have good staffing levels and we manage well."

No additional feedback was received from residents, relatives or staff following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the care staff on duty.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Examination of the staff duty rota indicated that the designation/role of the staff on duty was not highlighted on the rota. Details were discussed with the person in charge during feedback and an area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Residents were observed to be enjoying one another's company, residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Staff understood that meaningful activity was not isolated to the planned social events or games. Observation of the afternoon activity, included a game of bingo and a sing-along and evidenced that residents were happy to join in and were enjoying the interactions. An activities schedule was in place for residents to take part in if they wished to do so. One resident said, "The activities are marvellous, even when you are in your room they will bring you in crosswords and word searches."

A review of records confirmed that residents participated in regular resident's meeting which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place to reflect this, however, some care records had not been updated to reflect the changes in resident's needs in relation to DoLS. This was discussed with the person in charge during feedback and an area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of the outside of the home evidenced that the outside patio area needed attention and the also the side gardens needed further attention. Residents also commented on the presentation of the exterior of the home. An area for improvement was identified.

It was noted that the most recent fire risk assessment was due to be reviewed, this was discussed with the person in charge and a date for review was confirmed.

There was evidence that systems and process were in place to ensure the management of risk associated with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home. However, it was noted that PPE had been pushed into cupboards making it difficult to separate them for use and raising the risk of cross infection or of apron falling out to the floor. An area for improvement was identified.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

Residents and their relatives commented positively about the manager and described her as supportive.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents. Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Compliments to the home were shared with the staff team. Compliments included, “Thank-you for the care provided,” “the staff are very approachable and have patience and kindness.”

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	4

* the total number of areas for improvement includes one regulation that has been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Molly Robinson, senior care assistant, 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	
Area for Improvement 1 Ref: Regulation 32 Stated: Second time	The registered person shall ensure that the medicine trolley and cupboards are attached to the wall to ensure security and safety. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 8 July 2025	The registered person shall ensure that a record is kept of all staff working over a 24-hour period and the capacity in which they worked. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered provider has ensured the capacity in which staff work has been added to the existing off duty.
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: 31 July 2025	The registered person shall ensure that care plans with regards to DoLs are kept up to date and reflect the resident's current needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care Plan for resident with DOLS. have been implemented on 10.7.2025.

<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2025</p>	<p>The registered person shall ensure that the premises and grounds are safe, well maintained and remain suitable for their stated purpose.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: A grounds man has been employed to ensure the grounds are well maintained</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 8 July 2025</p>	<p>The registered person shall ensure the infection prevention and control issues identified on the inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the correct storage of personal protective equipment</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: PPE is now stored in the correct storage containers</p>

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