



Unannounced Care Inspection Report 31 August 2018



Innisfree

Type of Service: Residential Care Home
Address: 110 Buckna Road, Broughshane, BT42 4NR
Tel No: 028 2568 4497
Inspector: John McAuley

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 28 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Innisfree Responsible Individual: Shauna Stanford	Registered Manager: Shauna Stanford
Person in charge at the time of inspection: Caroline Forsythe, Deputy Manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 28

4.0 Inspection summary

An unannounced care inspection took place on 31 August 2018 from 10.00 to 14.20 hours.

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 during and 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 recruitment, adult safeguarding, infection prevention and control, risk management and care records and reviews. Good practice was also found in relation to the environment, management of complaints and incidents, maintenance good working relationships and governance.

One area requiring improvement was identified. This was in respect of how monitoring visit reports were recorded.

Feedback from residents and one visiting relative was all positive in respect of the provision of care, the kindness and support received from staff and management, meals, activities and general atmosphere in the home.

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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Caroline Forsythe, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than the one action detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 March 2018.

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, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the 20 residents, six staff, one visiting resident's representatives and the deputy manager.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance/cleaning records
- Accident and incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

- Individual written agreements
- Programme of activities
- Policies and procedures

The one area of improvement identified at the last care inspection was 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 most recent inspection dated 8 March 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.2 Stated: Firsttime	The registered person shall ensure that there is no obstruction to a fire exit door at all times. Reference to this is made with the external obstruction with an excessive build-up of leaves.	Met
	Action taken as confirmed during the inspection: No fire exit doors were obstructed at the time of this 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 deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

An inspection of two completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the deputy manager 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. A sample of two staff competency and capability assessments were inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the deputy manager and inspection of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The deputy manager advised that AccessNI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files inspected confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This 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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising

concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained as part of the pre admission assessment from the Trust prior to admission.

The home's policy and procedure on restrictive practice/behaviours which challenged 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).

There were restrictive practices within the home, notably the use of a locked door and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the Statement of Purpose and Residents' Guide.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

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

The deputy manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The catering facilities were well organised with staff reporting that all equipment was operational. Likewise was the laundry facility.

Inspection of the internal environment identified that the home was 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. No malodours were detected in the home.

The deputy manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example with Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The last Legionella risk assessment was undertaken on 4 November 2017 and it was reported that all recommendations had been actioned.

It was established that there was one resident who smoked. An inspection of these care records identified that risk assessment and corresponding care plan(s) had been completed in relation to smoking. The assessment took account of contributing factors pertaining to the risk such as medical condition(s) and had subsequent prescribed interventions.

The deputy manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The deputy manager reported that there was currently no lifting equipment used in the home but if there were to be a Lifting Operations and Lifting Equipment Regulations (LOLER) inspection would be put in place before any usage.

The home's last fire risk assessment was on 4 July 2017 and it was reported that all recommendations had been actioned.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. 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 recruitment, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified in relation to this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of three residents' care records 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 such as manual handling, nutrition and falls 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 inspected were observed to be signed by the resident and/or their representative.

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

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example one staff member made a comment which included the following statement;

- "I'd have no hesitation with a family member coming to be cared for here".

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was found to be appetising and nicely presented with provisions for choice. Discussions with residents confirmed they enjoyed the meals provided for. The dining room and tables was nicely facilitated and there was a good ambience in place for residents to enjoy their meals. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the deputy manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to address any concerns identified in a timely manner.

Staff advised 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, staff meetings and staff shift handovers. The minutes of the most recent staff meetings and resident meetings were inspected.

Observation of practice evidenced that staff were able to communicate effectively with residents.

Discussion with the staff confirmed that management operated an open door policy in regard to communication within the home.

Inspection of care records, along with accident and incident reports, and discussions with the deputy manager 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 and reviews, and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified in relation to this domain during this inspection.

	Regulations	Standards
Total number of areas for improvement	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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

Staff advised that there was a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents advised that consent was sought in relation to care and treatment.

Discussions with residents and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents was observed to be polite, friendly, warm and supportive. There was found to be a nice rapport between residents and staff. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example this was observed with sensitivity on how verbal information was undertaken.

Discussion with residents and staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

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.

Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents also confirmed that they felt they were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with residents and the staff member confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met twenty residents at the time of this inspection. Residents spoke in complimentary terms about the provision of care, the kindness and support received from staff, the provision of meals, activities and events and the general atmosphere in the home. Some of the comments made included statements such as;

- “I am very happy here. They all are very good to us”
- “Things are just great. No complaints”
- “It would be difficult to find anything wrong about here, even though it is not home”
- “The staff are all great and work very hard to keep things right”
- “You always get what you want to eat and plenty of it. The food is lovely”

The inspector also met with one visiting relative who spoke with praise and gratitude for the care provided for, the kindness and support received from staff and management, meals, activity provision and the overall atmosphere in the home. One comment made included the statement;

- “Caroline (the deputy manager) is so good. If I had any problems or issues I would go to her and she deals with it straight away as well as keeping me well informed of my mother’s progress. I feel very assured by this”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and one visiting relative as well as general observations of care practices.

Areas for improvement

No areas for improvement were identified in relation to this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 deputy manager outlined that 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.

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 Resident’s Guide and information on display in the home. Discussion with the deputy manager confirmed that she was knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

Inspection 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, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken. The deputy manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The deputy manager was also able to demonstrate good knowledge and governance pertaining to an identified resident's risk of falls.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The deputy manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement. Discussion with staff confirmed that information in regard to current best practice guidelines was made available and that mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. Inspection of the last three months reports identified an area of improvement in accordance with standards. This was in relation to not recording the times of the visits or whether the visits were announced or unannounced.

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.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place. Staff advised that they felt comfortable about accessing management to raise concerns and felt that staff would be offered support and such would be welcomed.

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

There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

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

Areas for improvement

One area of improvement was identified in relation to recording details in the monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Forsythe, Deputy 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 providers 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 20.11</p> <p>Stated: Firsttime</p> <p>To be completed by: 7 September 2018</p>	<p>The registered person shall record details of the times of visit and confirmation on whether these were announced or unannounced in the monthly monitoring reports.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This shall be recorded on the monthly visit reports</p>



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