Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Innisfree Residential Home

12-16 Severn Road, Weston-super-Mare, BS23 1DN

Tel: 01934621611

Date of Inspection: 14 January 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Standard	Result
Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Brooks Health Care (Weston) Limited
Registered Manager	Mrs. Mandy Timmins
Overview of the service	Innisfree Residential Home is a large, detached, suburban house near to the seafront of the seaside town of Weston super Mare. It can take upto 28 older people to provide accommodation for persons who require personal care. The service specialises in providing dementia care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 14 January 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members.

What people told us and what we found

There were 24 people living at the home. During our visit we spoke with nine people and six staff. We carried out our own observations of the service including the interactions between staff and the people they supported.

Staff were respectful towards people using the service. People indicated they felt comfortable and at ease in their conversations with staff. People spoke positively about the service saying they were treated with respect and were happy to live at Innisfree. One person said "They treat you nicely here. They don't make you feel embarrassed."

We saw that staff had developed good relationships with people and were knowledgeable about their individual care needs. Peoples' care files showed that care and support was planned and provided to help ensure people's safety and welfare.

People told us they had good relationships with the staff and said they "felt safe". All the people said they were happy in the home but due to their care needs several struggled to explain what action they would take if they became unhappy.

People told us that staff treated them as individuals and could make changes to their daily routines. One person said "I know what I like and don't like and can make changes."

We went around parts of the home and looked at various records that showed how staff were able to meet peoples' needs.

People told us that they felt involved in the decision making in the home and we saw that people participated in regular group meetings.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. They can be involved in decision making about their care and have their views and experiences taken into account in how the service is run.

Reasons for our judgement

We met with 12 people and nine were happy to speak to us during our inspection. We asked if they were treated with respect and valued and we were told "Yes" by all those we asked. We observed that people were offered choice and were spoken to respectfully by staff. We heard staff asking a person "would you like to help set out the tables for dinner?" We could see the person was pleased to be asked and did not want to be distracted from the task in hand.

Throughout the inspection we saw staff communicating with people at a suitable pace and were relaxed and unhurried during their interactions. This was confirmed by two members of staff who told us there was enough time to do the work allocated to them.

We observed staff treating people respectfully. We observed staff knocking on people's doors, and asking their permission before entering the room. One told us how they had read the social assessment in people's care records so she could talk to the people in a more relevant, personalised way. Staff also told us they looked at people's care and support plans which ensured they delivered the care that each person had been assessed as needing. For example there was a detailed chart which was regularly filled in, for a gentleman who had problem maintaining continence.

The staff explained how they offered choice to people at mealtimes. The menu of the day was on display in the communal areas and on every dining table. We also heard staff reminding people what choices they had for lunch. And one person could confirm they had been offered a choice of their lunchtime meal.

We spoke to people about activities in the home. Some could not remember if they any activities and needed prompting. Several people knew there were activities. They were aware of the activities planner and several had attended the activities sessions. Two people said "we have activities in the afternoon" whilst another said "activities are not for me, I like reading, or gardening, when the weather gets better."

There were photographs of people participating in organised events in the newsletter. Also photographs were scrolled through the computer screen in a communal area where people were sat and one person said they "really enjoyed" seeing the changing photographs. We found photographs of people participating in activities stored inside their care records and in their bedrooms. Future activities were also listed in the newsletter which also contained lots of photographs of the previous activity. One recent celebration included egg and spoon races and people were given prizes.

We spoke with the registered manager and reviewed the activities information provided to people using the service. We saw there were opportunities for community involvement and other interests. For example, there had been a summer party, people visited the shops and had attended an evening at the pantomime. The activities planner also showed there were weekly sessions from external entertainers. This demonstrated to us that people had interaction and involvement with their local community.

The manager explained how she held informal meetings with small groups of people to get their views and involvement in how the home was run. We saw several examples of the comments people had made, which included, "staff are friendly and helpful and listen to us." Another person said "I can't think of anything I dislike" and another said " we like the prizes we win at bingo."

People were given information about the home and about the service they could expect when looking around the home. There were information booklets in the main entrance and we saw booklets in every person's bedroom. The information was well set out in a good quality booklet.

The evidence we reviewed demonstrated that people were given appropriate information and support regarding their care or treatment and could participate in decisions regarding their care and welfare needs.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People who use the service got effective, safe and appropriate care, treatment and support that met their individual needs.

Reasons for our judgement

People told us that they were happy with their care but we found it difficult to get them to tell us how they became involved in planning their care. One person said "What care plan? What social worker? What meetings?" However we saw that she had been involved in her initial assessment about her likes and dislikes because the record was personalised, detailed and written on her behalf but signed by her. When talking to another person as we explained the care planning process, her response was "I will decide when to go to bed." We followed this up by looking at the person's care record and saw her preferred bedtimes were as she had stated. Bedtimes had been written into people's care plans and the times varied. We asked one resident what she enjoyed doing and her response was reading. We saw the care plan record for this person in the 'my daily routines' section it stated that she like to have a morning paper and to read it in her bedroom.

We saw the records containing the assessment of people using the service which were used to help identify their care needs. The information reviewed in the care plans indicated that staff were able to identify, review and deliver individualised care and support to each person. We reviewed three care plans and saw that plans contained personal information such as names of GP, next of kin and other family members, also significant events in the person's life before they entered the care home.

The initial assessments we viewed contained personal profiles about the person's life and likes and dislikes. We noted that these were checked and updated monthly. We saw that individual records contained detailed risk assessment in relation to certain aspects of daily living activities. For example, along with personal safety and mental orientation, a risk of falling due to poor mobility had been identified with a clear and detailed plan of how to minimise this risk. We saw that each risk assessment was linked to the care plan and the different arrangements made for each person to minimise the risk could be followed by staff accordingly.

We saw evidence of multi-disciplinary notes and health care appointments in peoples care records. There were notes from the general practitioner, the 'falls' nurse and the district nurse. This meant that people were supported to access relevant professional expertise from external agencies.

The manager confirmed that although some of the residents had to have their liberty

restricted in the past for their own safety, there was no one currently in the home with restrictions on their liberty.

We asked the manager as to how staff kept up with research and good practice. This was done by staff attending courses, using the internet as a source of information. An external agency visited the home monthly and both the provider and manager going on courses and bringing the information back to the home and sharing it with their colleagues. Recent information sharing included nutritional assessment, Alzheimer information and reminiscence awareness. Staff records confirmed they were receiving regular updates.

We saw that emergency procedures were in place. These explained how the service would respond in the event of a number of different situations in which the whole of or part of the home may be affected. The home's business continuity plans included electrical faults, heating failures, fire and evacuation of the home. The people that staff had to contact to help them in an emergency were identified in the procedure. There was also a reciprocal written agreement with another nearby care home that they would provide rooms for people who had to be evacuated.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People were protected from abuse by the systems set up in the home. Staff training helped them to understand the need for keeping people safe from abuse.

Reasons for our judgement

We asked five people what they would do if they saw or had an incident with a member of staff, which worried or concerned them. All the people struggled to explain the action they would take. The people had the information in their service user guide hung up on the wall in their room. Information on sharing complaints and concerns were given to people on admission to the home as part of their 'welcome' pack. However one person said "I can't be unhappy, the carers are very friendly." Another person said "If I were unhappy I don't know what to do, to be honest. But I don't have any problems. And then I've got my grandchildren to talk to." Another said if she were "unhappy about something I would talk to my daughter. But the staff are lovely." And a third said "I would tell the two carers I really trust."

We spoke with three staff and asked them what they would do if a safeguarding matter was brought to their attention. Staff confirmed they would report such an allegation to the manager, and described their responsibilities for keeping the person who was involved reassured and safe. Staff told us they had received safeguarding adults training. This was confirmed by the training records showing that most of staff had received safeguarding training in the last year. One member of staff explained what actions they would take if they saw abuse taking place, they would intervene, get the facts, report the incident and reassure the person using the service who was involved in the incident. A member of staff confirmed they had received abuse awareness training as part of their induction programme. The manager was sufficiently trained and up to date to train her staff on safeguarding of vulnerable adults.

The staff had training on the Mental Capacity Act (2005). This act exists to protect the legal rights of people who may have impaired capacity to make their own decisions. Staff had an understanding of this act in case they needed to support someone who had reduced capacity to make decisions in their lives. This had happened in the home in the past but no one in the home was currently being deprived of their liberties.

We saw the procedures by the home for the protection of vulnerable adults. The procedure included a list of professional people to be contacted and their telephone numbers if an incident occurred in the home. There was written information displayed around the home to guide peoples on what to do if they had any concerns or for anyone who saw abuse happening. People using the service could be confident that staff would identify and

respond to any safeguarding matters promptly and correctly.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People using this service had their health and welfare needs met by staff who were properly trained, supervised and appraised.

Reasons for our judgement

In response to being asked whether they thought that staff seemed good at their jobs and well trained, five people we spoke with said "yes." One person said that "the staff are pretty good" whilst another said "I'm very lucky, they do look after me and are respectful."

The registered manager told us that staff were supervised, supported and encouraged to develop in their role. We were told that staff were encouraged to keep up to date with health and social care developments. For example, we saw that the registered manager arranged for staff to go on courses identified in their supervision session. One member of staff we spoke with said they requested attending a first aid course as part of their development and we saw their certificate confirming they had successfully attended the course.

Two of the sampled staff files and the staff we spoke to, confirmed they had gone on courses identified within their supervision sessions. The staff records showed us that staff had received regular supervision and appraisal. These opportunities provided time to discuss progress, learning and development needs. We spoke with three members of the care staff who told us they felt well supported and enjoyed their work. Staff confirmed they had regular formal supervision sessions and attended regular training. Two staff told us that they had been encouraged to develop in their role. A member of staff explained that she received regular training through a range of methods, including watching training DVD's, e-learning and attending courses.

We sampled the training records and saw that staff were provided with mandatory training and professional development courses, such as mental health, deprivation of liberties and dementia awareness. We saw the chart recording the staff's training records which was being monitored by the manager and her deputy. This helped ensure the health and welfare of people using the service was being supported by staff who were keeping up to date in provision of care.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

People who use the service benefit because the provider monitors the quality of the service, identifies, monitors and manages any obvious risk to the service.

Reasons for our judgement

We saw the arrangements which were in place to identify, assess and manage risks to health, safety and welfare and found that there were a number of ways that the service did this. We viewed the generic risk assessments and the records containing evidence of regular fire checks, scheduled maintenance of equipment, electrical checks and other similar records.

We looked at the records of the small group meetings and could see people were given opportunities to raise any issues they had about their care and support, on a regular basis. Some of the people's comments included "I can't think of anything I dislike" and "food is very good we have a lot of choice." Other topics were also covered and the comments were clearly recorded in detail. As one person said to us "I enjoy most of it but can ask to change things if I wanted to."

Peoples told us they were happy with the quality of the service they received from the home. Comments on this question included "It's lovely here." Another said "I can ask staff to do things differently, they are very helpful." " We noted that peoples' opinions were sought in a number of ways including people's meetings and care reviews. There was also an annual customer satisfaction survey carried out by the service which made action plans based on survey outcomes. One part of the survey showed that people rated the personal care as excellent 90% and very good 10%. The manager could explain to us the small changes made to the service based upon feedback she received from people using the service and fellow professionals such as visiting social workers and district nurses.

The provider monitored the quality of the service by giving visitors and professionals to the home the opportunity to comment on how well they thought the service was doing. One comment said "I have found the management and staff very professional" whilst another said "staff promote independence, dignity and privacy."

The manager had a written log for recording and reviewing complaints and compliments. We saw there had not been any recent complaints or concerns and we saw a batch of compliments on thank you cards and letters from grateful relatives.

We saw the accidents and incidents records. The information was reviewed and risk

assessed and working practices were updated as required. The manager analysed the accident records which helped reduce the risk of harm to peoples using the service. She arranged staff meetings to review the accidents, trips and falls, to look at trends and she also involved an outside agency to assist in the reviews. The manager described how she involved the 'falls' nurse to help in analysing an increase in falls for one of the people using the service.

We asked the manager if they had received any expert advice, or had visits from professionals to assess the quality of the service. The manager gave an example of where the service got clinical advice by staff from the home going to training sessions at the local hospice and visits from the local authority's compliance team.

Records showed that there was a monitoring and checking process for assessing the quality of the service. We were shown the current documentation which included checking care planning documents, medicine and health and safety audits. This meant that the service was making sure that procedures were being followed and that staff were complying with internal policies.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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