

Brooks Healthcare (Weston) Limited

# Innisfree Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Innisfree Residential Home is a residential care home providing personal care to up to 28 people. At the time of our inspection there were 26 people using the service.

### People's experience of using this service and what we found

The provider had made improvements across the service and previous breaches in regulations had been met. Governance systems had been reviewed so shortfalls were identified and actions taken to continually develop the service.

Staffing had improved to ensure people received support from a consistent team who knew them well. People were supported by staff who were kind, caring and respected their choices. The home was clean, tidy and well maintained.

Care plans reflected people's preferences for care and support. Assessments and associated protocols made sure risks were managed whilst promoting people's independence. Medicines were managed safely. The provider was continuing to develop the activities provided to offer a wider variety of options.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (17 April 2020) where five breaches of regulation were identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Innisfree Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Innisfree Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by two inspectors on the first day and one inspector and an Expert by Experience on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

Innisfree Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Innisfree Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with eight people living at the service and five relatives. We spoke with seven staff members which included the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from three health and social care professionals. We reviewed eleven people's care records and eleven medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong  
At the last inspection of the service in January 2020 we identified the provider had failed to ensure care plans had enough guidance to mitigate risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12.

- Risk assessments provided guidance for staff about how to keep people safe in areas such as mobility, skin integrity and medicines.
- Care plans contained easy to read information about health conditions. This included signs and symptoms staff should be aware of. Protocols directed staff when further escalation and action was required.
- Accidents and incidents were reported and recorded and actions were taken in response. However, we found this did not always mean incidents that were reportable to the local authority or CCQ were identified. We have referred to this further in the well-led section of this report.
- Analysis of incidents and accidents took place monthly to monitor for patterns and trends. This had improved to ensure causes of falls were reviewed and how these could be prevented from occurring again.
- The environment and equipment were regularly examined and serviced. This included checking the safety of systems such as electricity, gas and water. A continuity plan was in place to ensure unforeseen events were managed.
- Regular checks were conducted on fire safety systems and equipment. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required.

### Using medicines safely

At the last inspection of the service in January 2020 we identified the provider had failed to manage medicines safely. Improvements were required in relation to medicine administration and documentation. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12.

- Medicines were managed safely. Protocols for as required medicines gave clear guidance when they may be needed and how someone would communicate this. Medicine stock levels were checked daily. Medicines

were labelled when opened and stored in line with guidance.

- Topical medicine administration records (TMAR) gave visual and written guidance on medicine application.
- People were supported to receive their medicines as prescribed. One person said, "I've never missed any tablets, the staff give them out."
- People's preferences for how they liked to take their medicines were recorded. For example, one person's documentation said, "I take my medicines one tablet at a time with a drink of my choice."
- Medicines that required additional storage in line with legal requirements were stored appropriately and systems for stock checks were in place.
- Medicine errors were reported and actions taken promptly. Regular medicine audits were conducted.

### Staffing and recruitment

At the last inspection of the service in January 2020 we identified the provider had failed to ensure there were enough suitably qualified staff to meet people's person-centred needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of Regulation 18.

- Rotas reviewed demonstrated staffing numbers were kept at the level deemed safe by the provider. Recruitment had taken place to reduce the reliance on agency staff. Staff told us that staffing levels had improved. One staff member said, "Staffing is much better. There are a lot of new staff. We have a fuller team."
- There were designated staff to provide activity provision, to support people in the community and to provide one to one time with people
- People told us they could have a bath or shower when they wished. We observed staff being responsive to people's needs and being available in communal areas. Several people commented, "Staff are very busy."
- The service operated recruitment processes to ensure staff employed were suitable for the role. This included Disclosure and Barring Service (DBS) checks and checks on previous employment.
- Two staff members did not have an interview record. When people had gaps in employment the provider had not always ensured these were accounted for. This had not been identified in recruitment audits. The registered manager said this would be addressed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe here." Another person said, "I've no concerns about safety, the staff are so helpful. You know they are there when you need them."
- Staff had received training and knew how to identify safeguarding concerns. People told us staff were responsive if they required assistance. One person said, "The call bell system works ok. They [staff] don't take very long."
- We found some safeguarding concerns had not always been identified and reported as required. We have referred to this further in the well-led section of the report.

### Preventing and controlling infection

- The home was clean, tidy and well maintained. One person said, "My room is kept clean." A relative said, "The home is always lovely, clean and tidy."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.



- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visiting in line with government guidance. A visiting procedure was in place.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection of the service in January 2020 we identified the provider had failed to uphold people's rights in line with the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service had made DoLS applications as required. The registered manager monitored the progress of people's applications.
- People's capacity had been assessed in relation to specific decisions and best interest decisions were made in partnership with relevant professionals and family members.
- The registered manager had been commended by an external social care professional about how the service had implemented the MCA, "You have really engaged with the MCA here, not just in respect of the process but more importantly its values, aims and objectives."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's choices were upheld and respected. We observed staff asking people what they would like to do or where they would like to be in the service. One person said, "They [Staff] always ask you, not tell you".
- Staff reflected the principles of the MCA in the daily practice. One person said, "If I've needed something

like a blood test, or when we had our vaccinations, the staff explain what is happening, and that the nurse is coming in, so you know in advance and can decide if you want to have it or not."

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the service and were supported to complete the Care Certificate if required. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected by care staff.
- Staff received regular supervisions from their line manager. Supervision is a dedicated time to review staff's performance, development and well-being. One staff member said, "I have regular supervision, it is fine."
- Staff received training, they were skilled and competent in their role. Training was overseen by the registered manager to ensure it was up to date. Staff told us about training they found beneficial for example, in effective handwashing and manual handling. A relative said, "Staff are well trained and competent."

Supporting people to eat and drink enough to maintain a balanced diet

- Overall people enjoyed the food. One person said, "The food is lovely." However, some people said there was room for improvement. One person commented, "The food is alright, it's not marvellous."
- Mealtimes were sociable. People had access to drinks and snacks when they wished. One person said, "I can ring for a drink at night if I want one."
- Care plans detailed people's support requirements around nutrition and hydration. Where it was identified people's food and fluid intake was of concern, monitoring measures were implemented. A relative told us how their family members nutritional intake had improved since residing at Innisfree Residential Home, "[Name of person] has a better balanced diet. They are eating well here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems had been introduced to improve people's access to routine and healthcare appointments. However, when care plans were reviewed it was not always identified or monitored when further actions were necessary. This meant for one person a referral to further healthcare had been overlooked. The registered manager said this would be addressed.
- Care plans gave guidance around health conditions and when escalation of concerns was required. Health professionals commented, "Staff are helpful polite and report problems about residents promptly," and "[Staff] always go the extra mile to be helpful and informative."
- Oral care plans assessed and directed staff on the support and assistance people required to maintain good oral healthcare.

Adapting service, design, decoration to meet people's needs

- Signage and posters had been displayed in the home to direct and orientate people to different parts of the service. We fed back to the provider that some people may benefit if rooms were more identifiable making them easier to locate.
- The service was homely and comfortable. A health and social care professional said, "Innisfree is a welcoming home." People's rooms were personalised with pictures and ornaments. One person said, "I like my room, I've been able to bring some of my furniture and my television."
- People had direct level access to a secure garden. People had expressed they wished for better seating to be able to use the area more. The provider had this as a subject of development on the service action plan.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind, caring and knew them well. One person said, "The staff are generous and kind, they look after us really well." A relative said, "The staff are always nice and friendly, nothing is too much problem."
- People told us that staff knew them well. One person said, "They've [staff] got to know me quite well, and they understand what I like." A health professional said, "The staff I have come across always take pride in their work, they are happy, cheerful staff and nothing is ever too much trouble."
- There was a pleasant and friendly atmosphere at the service. One person said, "Staff are good at listening. I must praise them as they are lovely people. They joke with you and we have a laugh."
- People's protected characteristics under the Equality Act 2010 were identified in their care plan and respected. This included people's religion, culture and sexuality. For example, one care plan said, "I was brought up as Roman Catholic. I no longer wish to practice." We highlighted to the provider where people's gender preference of carer had not been documented. The registered manager said this would be addressed.

Supporting people to express their views and be involved in making decisions about their care

- People's support requirements were assessed prior to admission to ensure the service could meet their needs. One person said, "They [staff] did come to see me at home before I came here and asked all about what I like and don't like and what I need."
- People and relatives were involved in giving feedback on care and support. One person told us, "Sometimes we sit down and discuss if I'm happy and my [relative] joins us." Another person said, "The staff are never overwhelming, they listen and take your views into account."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. We observed staff supporting and guiding people to do things for themselves but being on hand when assistance was required. For example, sitting down.
- Care plans gave direction on what people could do for themselves and how to enable people to retain their independence. For example, in getting dressed, bathing or making drinks.
- Staff respected people's privacy such as knocking on people's doors before entering and enabling people to spend time alone with others of their choice. One person said, "The staff respect my privacy, I can come up to my room and be on my own or go down when I want to join in. They make you feel comfortable, and they're always respectful and knock on the door."
- The service had received five compliments in 2022. One compliment said, "Thank you very much for taking

time to speak with me yesterday. I'm not longer worrying about [Name of person], you have given me the reassurance that the situation is being dealt with appropriately." Another compliment said, "Innsifree is a beautiful homely house, with lots of individuality and true care."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them  
At the last inspection of the service in January 2020 we identified the provider had failed to ensure people were provided with meaningful engagement or person-centred activities as part of their care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of Regulation 9.

- Activity provision at the service had improved, although the COVID-19 pandemic had presented challenges in this area. By the second day of the inspection an activity display showed what activities were on offer for people. We observed people enjoying singing, armchair exercises, meditation a quiz and having their nails done. One person said, "[The activity co-ordinator] is a good soul and really brightens our day."
- People told us what they liked doing. For example, one person said, "I like the garden and doing a bit out here, we did all the pots and tidied things up." Another person said, "I help with the cleaning, because I like to." However, some people said they would appreciate more options. One person said, "There isn't really enough to do."
- People's care plans gave information about people's interests and hobbies. For example, one care plan said, "I love to knit and crochet."
- One to one activities and time in the community was provided. A relative said, "They do take [name of relative] out as that's what they enjoy." A party was planned to celebrate the Jubilee. Family and friends had been invited.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements had been made to ensure care plans were person centred and contained consistent information about people's preferences and wishes.
- Care plans gave information about people's background, family, previous employment, interests and significant life events. A health and social care professional said, "I found they [staff] work in a person-centred way."

Improving care quality in response to complaints or concerns

- Complaints and concerns were managed effectively. Complaints were recorded, investigated and actions taken to resolve them. One person said, "Any time I've made a complaint, the management are very good

and understanding. They do listen if you've got something to say." A relative told us a complaint they raised was, "Listened and acted on straightway."

- People told us they felt comfortable raising any issues. One person said, "I'd always feel confident to speak up if I had any problems as they'd listen."

#### End of life care and support

- The service was not currently supporting anyone with end of life care. Care plans contained information about people's end of life wishes. One person said, "I do have an advance care plan about my end of life for my family."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans gave information about how staff could effectively communicate with individuals. For example, one care plan said, "I can communicate verbally in English. I am able to read in the usual font." Care plans contained information around personal care and health conditions in accessible formats for people.
- Information was displayed in the service in easy read and pictorial formats. For example, around handwashing, activities and rooms within the service to orientate people. We highlighted where information around food options could be more accessible for people. The registered manager said these would be addressed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant there were further areas for improvement to ensure the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection of the service in January 2020 we identified provider's quality assurance systems had failed to identify and rectify shortfalls effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17.

- Improvements had been made across the service and the provider had addressed previous breaches in regulation.
- Staffing had improved to ensure consistent person-centred care could be delivered.
- Provider and manager's audits had been reviewed and changed to ensure shortfalls were identified. A development plan was in place for improvements.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website. Following their previous inspection, the provider had written to relevant people to outline the steps the service would take to address the shortfalls identified.
- Whilst the service had reported and managed safeguarding concerns, these had not always been reported to CQC or the local authority as required. Following the inspection, the registered manager immediately changed the accidents, incident and safeguarding systems to ensure concerns requiring reporting were identified. The notifications were submitted retrospectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and people told us the registered manager and provider were approachable. One person said, "The management here are very good, and very understanding." A staff member said, "The [registered] manager is very good, does things in a professional way."
- Staff felt valued by the provider. Staff had received gifts and flowers to thank them for their hard work and dedication. There was a positive staff culture. One staff member said, "We work well as a team."
- People told us they were listened to and respected. One person said, "The atmosphere is very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics



- A survey was conducted with people every six months. Survey results gave clear actions being taken in response to the findings and comments made.
- Regular meetings were held with staff. Staff told us they could raise ideas and concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood the duty of candour legislation. A relative said, "Communication with the manager is very good."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with families and other professionals. A relative said, "They always discuss care decisions with me, and we have a good working relationship. It's a partnership. A health and social care professional said, "I have found the staff and manager very professional and helpful. They have communicated well and always attended any professional meetings regarding the service user."
- The service was open and reflective. The registered manager was keen to continue developing and improving the service. A health professional said, "They are keen to improve the service, take on board ideas, and suggestions. They are developing reflective practice and engaging with training."