

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

Innisfree

15-17 Polsham Park Road, Paignton, TQ3 2AD

Tel: 01803552269

Date of Inspection: 10 March 2014

Date of Publication: April 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Staffing

✓ Met this standard

Supporting workers

✓ Met this standard

Details about this location

Registered Provider	Links South West Ltd
Registered Manager	Miss Nicola Brown
Overview of the service	Innisfree is registered to provide accommodation and personal care for up to 16 older people. The home is located near the amenities of Paignton town centre.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Innisfree had taken action to meet the following essential standards:

- Staffing
- Supporting workers

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 March 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection on 10 March 2014 to follow up on concerns found during our inspection of 17 September 2013. On that inspection we found that improvements were required in the numbers of staff available. We also had concerns about the training and support provided to those staff. During our latest inspection we found that improvements had been made.

We found that 10 people lived at Innisfree. We spoke with four of those people. They told us they enjoyed living there and were "well looked after". One person told us "There are always enough staff to take care of me". Another said "Staff know what they're doing and are very pleasant." A visiting relative told us "The staff are competent and can move people safely".

We saw evidence that a great deal of relevant training had been scheduled and delivered since our last inspection. We found that the vast majority of staff had completed up to date training. This included training which would support the safe moving and handling of people who required assistance to mobilise.

Staff told us that they had received training in key areas since our last inspection and that they had received regular supervision. We found that staff meetings had taken place. All of the staff we spoke with told us that they felt supported.

We found that there were sufficient numbers of staff to provide care safely to everyone who lived at the home.

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

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We carried out this inspection to follow up on concerns found during our inspection of 17 September 2013. On that inspection we found that improvements were required in the numbers of staff available. We also had concerns about the training and support provided to those staff. During our latest inspection we found that improvements had been made.

During our 17 September 2013 inspection we found that some care workers, including those who acted as shift leaders, had not completed necessary refresher training. On our latest inspection of 10 March 2014 we found evidence that both the senior care workers and other care workers had received additional training in relevant areas.

10 people lived at Innisfree at the time of this inspection. We spoke with four people who lived at Innisfree. They were positive about living there and about the staff at the home. They told us they felt "well looked after". One person told us "There are always enough staff to take care of me". Another said "Staff know what they're doing and are very pleasant."

During our visit we found that seven staff were on duty at the home. This included the registered manager, a senior care worker, two care workers, two cleaners and a cook. We saw that there were enough staff available to provide quality care to people on the day of our inspection. We checked the staff rotas and saw that these staffing levels had been maintained at this level for the previous month.

During our previous inspection we found that the manager had regularly been working night shifts which meant that they had not been available to support staff during the day. On our latest inspection we saw the rotas showed that this had improved. The manager had worked occasional night shifts in order to allow time for staff to attend appropriate training. The manager told us they had recruited more staff to avoid this in future.

The manager explained that they had recruited an additional team leader since the last inspection. Another team leader was currently being recruited. Plans were in place to

recruit a third team leader in the near future. One member of staff said "There's enough staff now to do all the jobs that need doing."

We saw that there was structured induction training in place for new staff. The induction process was being reviewed in March 2014. The manager had clarified staff's roles since the previous inspection in order to provide clear guidance of the role of a senior care worker.

One person who lived at Innisfree required assistance with mobilising and required the use of specialist equipment to do so. On our previous inspection we noted that the training matrix showed that the majority of care workers required training or refresher training in moving and handling. During our latest inspection we saw training certificates which showed that this training had been provided to 10 staff since the last inspection. Training had been scheduled for the remaining 2 staff who still required it.

On our last inspection in September 2013 we noted that some staff had not updated their medications training. On this inspection in March 2014 we saw certificates which provided evidence that this training had now been completed. A care worker told us "There are now plenty of us who are trained to do the medications, so there's not so much pressure on one or two staff."

Overall we found that there were now sufficient numbers of suitably, skilled and experienced staff to provide safe, quality care to people.

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 were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We inspected this outcome in order to follow up on concerns found during our inspection of 17 September 2013. On that inspection we had concerns about the training and support provided to staff. During our latest inspection we found that improvements had been made.

We spoke with two care workers, a senior care worker and the manager. All of the staff we spoke with told us that they felt supported in their roles. One member of staff told us "I get regular supervisions with the manager. We talk about any issues, any training required. If I've got any problems, I feel supported." We saw evidence that supervisions had been planned for every six weeks. The manager told us they were in the process of developing senior care workers to help them to complete written supervisions with the care workers on their shifts.

We saw that senior care workers had received appropriate training such as leadership skills. We saw evidence that both senior care workers and care workers had received a great deal of relevant training since the last inspection. This included training in moving and handling people, first aid, end of life care, low arousal (challenging behaviour). One member of staff told us "There's been loads of training for us. I feel able to move people safely."

We asked all of the staff we spoke with about the opportunities they had to discuss issues or their development at supervisions or staff meetings. We saw evidence that an all staff meeting had taken place in November 2013 and a senior staff meeting had taken place in February 2014. We saw that future meetings had been scheduled to take place on a quarterly basis.

Staff told us about the staff meetings. One said "We talked about training and development and had the chance to make suggestions." Another said "It was very useful". We looked at the minutes of these meetings. We saw that matters discussed included training, supervisions, safety equipment, safeguarding and the recruitment of the new staff.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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