



The Regulation and  
Quality Improvement  
Authority

Fairways - Woodford Respite Project  
RQIA ID: 11988  
42 Woodford Park  
Coleraine  
BT51 3LJ

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Inspection ID: IN022341

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**Unannounced Care Inspection  
of  
Fairways - Woodford Respite Project**

**30 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 30 June 2015 from 12.00 to 15.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), and NICE guidelines on the management of faecal incontinence (June 2007).

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the registered manager Miss Victoria Derbyshire as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Fairways Woodford Ltd / Mr Tony Dunlop	<b>Registered Manager:</b> Miss Victoria Derbyshire
<b>Person in Charge of the Home at the Time of Inspection:</b> Lorraine Russell	<b>Date Registered:</b> 18 May 2012
<b>Categories of Care:</b> RC-LD	<b>Number of Registered Places:</b> 3
<b>Number of Residents Accommodated on Day of Inspection:</b> 2	<b>Weekly Tariff at Time of Inspection:</b> £1850

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

#### Standard 1: Residents' involvement

Theme: Residents receive individual continence management and support.

### 4. Methods/Process

Prior to inspection we analysed the following records: Notification of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous inspection.

During the inspection we met with two residents, two care staff, one team leader and the registered manager.

We inspected the following records:

- Four care records
- Relevant policies and procedures
- Staff training records
- Complaints
- Carer/resident satisfaction surveys
- Fire Safety Risk Assessment

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 2 June 2015. There were no requirements or recommendations made during this inspection.

#### 5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 19.(1)(a) Schedule 3 (2)	The registered manager must ensure there is a recent photograph included in the care plan of each resident who receives care in the home.	Met
	<b>Action taken as confirmed during the inspection:</b>  We reviewed four care records; these all contained a recent photograph of the resident.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 21.1	A recommendation is made that the need to inform RQIA on any occasion restraint is used should be included in the homes policy and procedure regarding managing challenging behaviour and the use of restrictive physical interventions.	Met
	<b>Action taken as confirmed during the inspection:</b>  The home's policy had been amended to include the need to inform RQIA on any occasion restraint is used in the home.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 2</b> Ref: Standard 21.5	A recommendation is made that all policies and procedures used in the home should be subject to a systematic three yearly review.	Met
	<b>Action taken as confirmed during the inspection:</b>  We inspected a selection of policies and procedures which confirmed that these had been recently reviewed.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 3</b> Ref: Standard 6.3	A recommendation is made that care plans should be signed by the resident or where appropriate their representative, along with the person drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.	Met
	<b>Action taken as confirmed during the inspection:</b>  We inspected four care plans. These were all signed by the residents or where appropriate their representative.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 4</b> Ref: Standard 6.7	A recommendation is made that all care plans should be reviewed to consider the use of the secure locking system within the home for each resident on an individual basis.	Met
	<b>Action taken as confirmed during the inspection:</b>  All care plans inspected reflected the use of the secure locking system in place in the home. The care plans included human rights considerations for residents balanced against assessed risks.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 5</b> Ref: Standard 13.1	A recommendation is made that activities assessments should be completed for all residents who access the service to identify their needs, preferences and interests.	Met
	<b>Action taken as confirmed during the inspection:</b> We inspected four care records. These contained completed individual activity assessments.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 6</b> Ref: Standard 13.3	A recommendation is made that a policy on the provision of a programme of activities and events should be developed for the home.	Met
	<b>Action taken as confirmed during the inspection:</b>  We inspected the policy on the provision of activities and confirmed that it contained relevant information.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 7</b> Ref: Standard 13.3	A recommendation is made that residents are always consulted with upon admission to the home regarding their preferences for participation in activities and events throughout their stay.	Met
	<b>Action taken as confirmed during the inspection:</b> We inspected records which confirmed that residents were consulted upon admission regarding what activities they would like to participate in during their stay at the home.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 8</b> Ref: Standard 13.5	A recommendation is made that there should be some provision of equipment/resources within the home environment available on occasions when residents are not accessing community events.	Met
	<b>Action taken as confirmed during the inspection:</b> We inspected a range of equipment and resources for residents available in the home this was found to be satisfactory.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 9</b> Ref: Standard 27.1	A recommendation is made that the carpet in the identified bedroom is deep cleaned to remove the evident staining.	Met
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises identified that the carpet in the bedroom had been replaced.	

### 5.3 Standard 1- Residents' involvement

#### Is care safe? (Quality of life)

42 Woodford Park provides short term breaks for adults with learning disabilities who display challenging behaviours. Lorraine Russell, team leader was person in charge on the day of the inspection. She confirmed that residents' views and comments shape the quality of services and facilities provided by the home.

In our discussions with the team leader and care staff they confirmed that individual choices, preferences, and any issues of concern identified by residents were listened to and readily acted on. The registered manager, who was present towards the end of the inspection, confirmed resident involvement was at the centre of service provision.

We inspected four care records. These care records included up to date needs assessments, risk assessments and care plans. The care records were found to be kept under continual review to accurately reflect the needs and preferences of residents. Care records were signed appropriately by the resident and or their representative. Staff also confirmed that they liaise closely with residents' representatives prior to and following the residents stay at the facility.

In our discussions with staff, they were able to demonstrate good awareness of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

### **Is care effective? (Quality of management)**

The home had a policy in place regarding resident involvement. We inspected records that reflected that resident's views were sought on admission regarding the activities they would like to participate in. We inspected the home's Statement of Purpose and Residents Guide. These documents outlined the ethos of the home and the core values and principles that the home aims to promote. These values included choice, promotion of independence and community access.

In our discussions with the team leader she confirmed that annual satisfaction surveys were provided for carers and representatives. We reviewed a sample of returned surveys. The registered manager confirmed the results of these were analysed and the information gathered was used to help improve service delivery. The findings from the information received are compiled within an annual report.

We made one recommendation that a system should be introduced where service user feedback can be sought from residents individually at the end of their stay. This information can then be used by the home to further improve services available to residents accessing the home.

### **Is care compassionate? (Quality of care)**

In our discussions with staff they confirmed that resident's individual needs and preferences are at the centre of care provision in the home. Staff confirmed that throughout each respite stay the service provision is individually tailored to the needs of each resident.

In our observations of care practices we found that residents were treated with dignity and respect when being supported by staff.

### **Areas for Improvement**

We identified one area of improvement in relation to this standard. This standard was found to be safe, effective and compassionate.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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#### 5.4 Theme: Residents receive individual continence management and support

##### Is care safe? (Quality of life)

We inspected four care records. Two of these records reflected individualised plans of care regarding resident's continence management. As residents attend the home for short breaks only the team leader informed us residents bring their own continence products for the duration of their stay. Care plans included relevant information regarding the continence products used.

In our discussions with staff they demonstrated knowledge of resident's individual needs and were aware of the infection control procedures in the home. An inspection of training records showed staff had recently completed training in relating to infection control.

Through our inspection of care records, discussions with the staff team and general observations we identified no mismanagement of this area of care such as malodours or breakdown of skin integrity.

##### Is care effective? (Quality of Management)

The home had a policy in place regarding the management of continence. This contained relevant information regarding assessment, continence management and maintaining the dignity of residents. Staff confirmed to us that they were familiar with resident's individual needs and information contained within their care plans. Staff also confirmed to us that there were always adequate supplies of aprons, gloves, and soap dispensers in the home. We inspected staff training records which confirmed that staff had completed training on infection control in 2015.

##### Is care compassionate? (Quality of Care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of general care practices indicated that the residents present were comfortable and relaxed within the home environment.

##### Areas for Improvement

We identified no areas of improvement in relation to this theme. This theme was found to be safe, effective and compassionate.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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#### 5.5 Additional Areas Examined

##### 5.5.1. Residents Views

We met with two residents who were accessing the service. We observed the residents relaxing and participating in activities in the home. In accordance with their capabilities both



residents indicated that they were happy during their short stay breaks in the home, their relationship with staff and the provision of care. We noted that residents presented as comfortable and interacted readily with staff.

One resident commented:

- "I like to come here, I'm looking forward to going to the cinema later"

### **5.5.2. Staff views**

We spoke with two care staff and received six completed staff questionnaires. We can confirm that staff were supported in their respective roles and were provided with the relevant training and resources to undertake their duties.

### **5.5.3 General Environment**

The home was clean and tidy with no malodours present. The decor and furnishings were of a good standard.

### **5.5.4 Fire Safety**

We inspected fire safety training records which confirmed that staff training was maintained and was up to date. The home's Fire Safety Risk Assessment had been updated in November 2014. There were no obvious fire risks observed.

### **5.5.5 Compliments and complaints**

Complaints and compliments had been managed appropriately. Records were retained of complaints investigations these demonstrated the correct procedure had been followed.

## **6. Quality Improvement Plan**

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Miss Victoria Derbyshire at the conclusion of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<b>Recommendation 1</b>	The registered manager should ensure that a system is introduced so that service user feedback is sought from residents individually at the end of their stay. This information can then be used by the home to further improve services available to residents accessing the home.		
Ref: Standard 1.2			
Stated: First time			
To be Completed by: 25 August 2015	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Feedback system in a format suitable to residents needs and abilities is currently being devised.		
<b>Registered Manager Completing QIP</b>	Victoria Derbyshire	<b>Date Completed</b>	10-8-15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

## Quality Improvement Plan

### Recommendations

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<b>Registered Manager Completing QIP</b>	Victoria Derbyshire	<b>Date Completed</b>	10-8-15.
<b>Registered Person Approving QIP</b>	Tammy Duff	<b>Date Approved</b>	17-8-15
<b>RQIA Inspector Assessing Response</b>	Bronagh Duggan	<b>Date Approved</b>	15-9-15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**