

# Unannounced Care Inspection Report 13 February 2018



## Fairways – Woodford Respite Project

**Type of Service: Residential Care Home**  
**Address: 42 Woodford Park, Coleraine, BT51 3LJ**  
**Tel No: 028 7032 8009**  
**Inspector: Bronagh Duggan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with three beds that provides respite care for up to three residents with learning disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Fairways Woodford Ltd  <b>Responsible Individual(s):</b> Robert Dunlop	<b>Registered Manager:</b> Victoria Derbyshire
<b>Person in charge at the time of inspection:</b> Victoria Derbyshire	<b>Date manager registered:</b> 19 October 2012
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability	<b>Number of registered places:</b> 3

### 4.0 Inspection summary

An unannounced care inspection took place on 13 February 2018 from 11.00 to 16.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, risk management, the home's environment, communication between residents, staff and other key stakeholders, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified in relation to ensuring an identified care record was fully up to date regarding speech and language guidance and the epilepsy management plan and to ensure staff meetings are held no less the quarterly.

One resident spoken with and comments received from representatives in completed questionnaires confirmed they were happy with the service provided and felt they were kept informed of any changes.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

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

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

#### 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 29 June 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the last care inspection, the previous inspection report the returned QIP and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with one resident, three staff, and the registered manager.

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(s)
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 29 June 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 29 June 2017

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with one resident and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. A safeguarding champion had been established. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, restrictive behavioural interventions, and sound monitors. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, and towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be clean, tidy and functional. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 14 November 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 30 December 2017. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, risk management and the home's environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

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

Three care records were reviewed they included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. It was noted from one of the care records inspected that speech and language guidance had recently been updated. The manager was advised to ensure the care plan was updated to reflect this change. In addition the same care record showed the epilepsy management plan was last reviewed in 2013, this was discussed with the registered manager and identified as an area for improvement to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were updated to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice for example activities and menus are planned according to the individual likes of residents for the duration of their stay.

The registered manager confirmed that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals these included for example the monthly monitoring visits reports and the annual quality report. Residents are also asked to complete a service user's survey at the end of each stay at the home.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, satisfaction questionnaires, staff meetings and staff shift handovers. Review of minutes of staff meetings showed that these were not being held on a quarterly basis, this was identified as an area for improvement to comply with the standards. The registered manager and staff confirmed that the management operated an open door policy in regard to communication within the home.

One resident spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- “This place is very well run, residents are well looked after, it’s like a home to them. They enjoy coming.”
- “It’s a good place to work, the training is very good, and management are very supportive. The residents are well looked after.”

Five completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from a completed questionnaire were as follows:

- “(Name) has been using Woodford Respite ever since it opened. He loves going there and is very well treated by staff. I find his quality of care is excellent and (I am) always kept up to date with what happens.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

Two areas for improvement were identified these related to ensuring an identified care record was fully up to date regarding speech and language guidance and epilepsy management plan and to ensure staff meetings are held no less the quarterly.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and one resident confirmed that residents’ spiritual and cultural needs were met within the home if they so wish.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example the daily menu was displayed in a picture format.

The registered manager and staff confirmed that consent was sought in relation to care and treatment. Discussion with one resident in keeping with their capability, and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected for example ensuring records were stored securely.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. One resident in keeping with their level of understanding confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, resident, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example satisfaction surveys are compiled at the end of each stay, views are also gathered from representatives and professionals as part of the monthly monitoring arrangements.

Representatives are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read on the service website, a hard copy is also available. An action plan was developed and implemented to address any issues identified.

Discussion with staff, resident, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example upon residents admission to the home a plan is put in place regarding the activities they would like to engage in during their stay. Activities may include games, crafts, outings to the local shops, cinema, and restaurants.

Five completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from a completed questionnaire were as follows:

- "I am more than satisfied with the care my (relative) gets when he/she is in Woodford. The staff always make sure he/she eats and that can be a problem. They keep him/her clean and tidy and are very good to him/her. They give me updates; I've no complaints at all."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff completed training in relation to human rights and diabetes awareness.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed. Information relating to the current employers' liability insurance was made available during the inspection, pending receipt of an up to date certificate.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and they will offer support to staff.

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

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied/satisfied.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Victoria Derbyshire, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 March 2018</p>	<p>The registered person shall ensure the identified care plan is fully up to date regarding speech and language guidance and the epilepsy management plan.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Care plan has been updated to refer to speech and language guidance and updated EMP has been received from CNLD.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 April 2018</p>	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff meetings will be held every three months. Next meeting is scheduled as per standard 25.8</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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