

Unannounced Care Inspection Report 20 December 2016



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

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Fairways – Woodford Respite Project took place on 20 December 2016 from 11:00 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and risk management .

One requirement was made in regards to improving identified environmental issues, one recommendation was made regarding a review of the volume on the alarmed front door. One recommendation relating to the completion of the duty rota has been stated for a second time.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 July 2016.

2.0 Service details

Registered organisation/registered person: Fairways / Mr Tony Dunlop	Registered manager: Miss Victoria Derbyshire
Person in charge of the home at the time of inspection: Miss Victoria Derbyshire	Date manager registered: October 2012
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 3

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the last care inspection, the previous inspection report and the previous Quality Improvement Plan (QIP).

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

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Two staff recruitment files
- Two resident's care files
- The home's Statement of Purpose

- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- 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

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 26 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 26 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16.1 Stated: First time	The registered provider should ensure that the identified care plan is updated to show clearly and specifically the defined parameters with regard to the restriction as agreed with the multi-disciplinary team. This should remain under regular review by the multi-disciplinary team. Action taken as confirmed during the inspection: Review of the identified care plan showed that it had been updated accordingly and was maintained under regular review.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 25.6 Stated: First time	The registered provider should ensure that the duty rota is fully complete at all times. Action taken as confirmed during the inspection: Review of the duty rota on the day of the inspection showed it did not accurately reflect the staff on duty. This recommendation has been stated for a second time in the QIP appended to	Not Met

	this report.	
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4.3 Is care safe?

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 staff.

A review of the duty roster confirmed that it did not accurately reflect the staff working within the home on the day of inspection. A recommendation regarding the completion of the duty rota has been stated for a second time in the QIP appended to this report.

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 and a review of returned staff views questionnaires 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. Mandatory training records were reviewed during the inspection these was found to be maintained on an up to date basis.

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 during the previous inspection and found to satisfactory. The registered manager confirmed no recently recruited staff had to date been assessed to be in charge of the home in the managers absence, therefore no new competency and capability assessments were available for inspection.

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 two 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 (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). 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.

The registered manager confirmed there were restrictive practices employed within the home, notably an alarm locked front door and restrictive behavioural interventions. 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. It was noted upon leaving the home the volume of the alarm on the front door was very loud. A recommendation was made that this should be reviewed bearing in mind the potential sensory issues of residents accessing the service.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

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 persons / 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 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, alcohol hand gels 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. The registered manager was advised to ensure notices promoting good hand hygiene be displayed throughout the home.

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 and tidy. 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. Three areas for improvement were identified in relation to the environment including a fire safety closing device on the living room door broken, a drawer in an identified bedroom needed a new front fitted and also a radiator cover in the living room was broken at the front. A requirement was made. 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 2016, the registered manager confirmed all recommendations had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

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

Comments received from completed questionnaires were as follows:

- I am very happy with the care my (relative) receives. (He/she) is well looked after. (He/she) always comes home clean, tidy and happy with (his/ her) respite in Woodford Park.
- Accommodation is always very tidy and clean.
- (Relative) can be very challenging and can place (him/herself) in dangerous situations. The staff at Woodford always do all they can to minimise those risks.

Areas for improvement

Two areas for improvement were identified in relation to reviewing the volume of the door alarm and also to address the environmental issues identified.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

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

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, challenging behaviour where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly 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. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example staff confirmed that they were aware of residents personal likes and dislikes these were considered when planning activities for residents during their stay at the home.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Risk assessments, care plans, care review, accidents and incidents were reviewed regularly. Monthly monitoring visits reports were completed and available during the inspection, these included feedback from staff, representatives, and visiting professionals. The annual quality report was also available this included formal responses from representatives and identified areas for further development or improvement.

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, staff meetings and staff shift handovers. A respite report summary is completed for each resident at the end of their stay outlining how it went. Residents views are also sought at the end of each stay with regard to their satisfaction. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with the resident present in the home during the inspection.

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.

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

Comments received from a completed questionnaire were as follows:

- My (relative) seems happy to go, although cannot express an opinion.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

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 confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents are provided with information, in a format that they could understand, to enable them to make informed decisions regarding their life, care and treatment. For example a menu board was on display showing pictorial images of food that was available. Staff confirmed that residents admitted to the home for periods of respite can have varying degrees of communication difficulties and in some circumstances some residents may have extremely limited communication skills. In these circumstances staff confirmed they refer to the residents assessment which would indicate their preferences, likes and dislikes as well as liaising with representatives and other professionals involved in the residents care.

The registered manager and staff confirmed that consent was sought in relation to care and treatment. Discussion 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 staff were aware of the need to ensure care records were stored securely.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Information received from representatives in completed questionnaires confirmed that their views and opinions were taken into account in all matters affecting their relative/ family member.

Discussion with staff 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 pre and post admission sharing of information, and the gathering of residents views at the end of their stay at the home.

Residents and or 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. An action plan was developed and implemented to address any issues identified.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents can be supported with one to one activities in the home and also supported to access local community facilities including going to the shops, visiting the cinema or going out for meals.

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

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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.

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, all 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 review of accidents and incidents was undertaken this information was presented in the monthly monitoring reports. Learning from accidents and incidents was disseminated to all relevant parties.

There were quality assurance systems in place to drive 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. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example specific behavioural techniques, and epilepsy 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.

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 through regular meetings and updates.

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 appropriately.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

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 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.

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

Comments received from completed questionnaires were as follows:

- Staff are very friendly and ever aware of needs of clients.
- Great team leader and management. Very well organised.
- I am very happy with the service my (relative) receives when he/ she goes to Woodford Park Coleraine.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 27.(2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider must ensure the identified environmental issues are improved upon this includes repairing;</p> <ul style="list-style-type: none"> • the fire safety closing device on the living room door • fitting a front to the drawer in the identified bedroom • ensuring the radiator cover in the living room is replaced/ repaired.
	<p>Response by registered provider detailing the actions taken: All above have been repaired.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 20 February 2017</p>	<p>The registered provider should ensure the volume of the alarm on the front door is reviewed considering the potential sensory issues of residents accessing the service.</p>
	<p>Response by registered provider detailing the actions taken: Following review, the alarm will only be used during the night.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.6</p> <p>Stated: Second time</p> <p>To be completed by: 21 December 2016</p>	<p>The registered provider should ensure that the duty rota is fully complete at all times.</p>
	<p>Response by registered provider detailing the actions taken: Duty Roster now accurately reflects the staff member working in the home on each shift.</p>

Please ensure this document is completed in full and returned via the web portal



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