



# Unannounced Follow-up Care Inspection Report 27 March 2019



## Fairways - Woodford Respite Project

**Type of Service: Residential Care Home**  
**Address: 42 Woodford Park, Coleraine BT51 3LJ**  
**Tel No: 02870328009**  
**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 provider 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 that provides respite care for up to three residents living with learning disabilities. Residents access the home for short breaks only.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Fairways Woodford Ltd  <b>Responsible Individual:</b> Robert Anthony Dunlop	<b>Registered Manager:</b> Victoria Derbyshire
<b>Person in charge at the time of inspection:</b> Victoria Harkness	<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 inspection took place on 27 March 2019 from 11.00 to 14.00 hours.

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 primarily focused on following up on the previous QIP and the provision of meals and the meal time experience.

The following areas were examined during the inspection:

- meals and mealtimes
- environment

Residents spoken with in keeping with their capabilities confirmed they enjoyed their stays at Woodford Respite Project.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Laura Kelly, team leader, who arrived towards the later part of the inspection and shared with Victoria Derbyshire, registered manager, via telephone following the inspection.

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

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 October 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and any other written or verbal communications received since the previous inspection.

A poster was provided for display at a staff area in the home inviting staff to respond to an online questionnaire. Ten questionnaires were also left in the home to obtain feedback from residents and residents' representatives. No questionnaires were returned from residents' and/or residents' representatives within the requested timescale. There were no staff questionnaires returned within the identified timescale.

The inspector provided the person in charge with 'Have we missed you' cards to be placed in a prominent position to allow residents, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

During the inspection the inspector met with two residents and four staff.

The following records were examined during the inspection:

- two care records
- menu records
- accident and incident records
- complaints records
- monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 16 October 2018

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

## 6.2 Review of areas for improvement from the last care inspection dated 16 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and review of one care record showed a risk assessment and plan of care had been completed accordingly. The person in charge confirmed risk would be assessed for any resident admitted to the home that smokes.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13.(7) <b>Stated:</b> First time	The registered person shall ensure a legionella risk assessment is completed and any recommendations actioned accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Information provided by the person in charge was shared with the estates inspector who confirmed the information was satisfactory regarding legionella risk assessment for the home.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.6 <b>Stated:</b> First time <b>To be completed by:</b> 16 November 2018	The registered person shall ensure a recent photograph of the resident is maintained in each care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and review of a random sample of records confirmed photographs were maintained in each care record.	

## 6.3 Inspection findings

### 6.3.1 Meals and mealtimes

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Records were maintained which showed the meals provided to residents. Staff advised the menu was set according to the individual likes of residents for the duration of their stay in the home. The daily menu was displayed in a pictorial format in the dining area and was reflective of the meals prepared during the inspection.

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. An inspection of a sample of two residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail with account of prescribed needs and evaluations of care.

Guidance and recommendations provided by dieticians and SALT were reflected within the individual residents' care plans and associated risk assessments.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents could also have a snack or drink on request.

Observations during the inspection confirmed the lunch time meal was appetising and nicely presented. Staff were observed to supervise accordingly during meal time as stipulated in the care plan for one of the residents in the home.

Discussions with the residents during this inspection and in keeping with their level of understanding confirmed that they were satisfied with the meals provided.

The kitchen facility was a domestic style and was tidy and well organised; residents freely accessed the dining area; and utensils and condiments were available for meal preparation as needed.

Staff advised meals are provided according to the preferences of residents who also have the opportunity to eat out if they so wish whilst staying in the home. There was a take away policy in place.

### 6.3.2 The environment

The home environment is a domestic style bungalow, it was clean and tidy with good standard of furnishing and décor being maintained.

Communal areas were comfortable and nicely facilitated. Residents' bedrooms were warm, clean and tidy. Residents can, if they so wish, bring personal items with them for the duration of their stay.

The home was appropriately heated and fresh smelling.

There were no obvious health and safety risks observed in the internal and external environment.

### **6.3.3 Residents' views**

The inspector met with both residents in the home at the time of this inspection. In accordance with their capabilities, both residents confirmed that they felt a good standard of care was provided, they enjoyed the meals provided, were supported by staff and enjoyed their short breaks to the home. Comments were also shared with the registered manager following the inspection.

Some of the comments made included statements such as:

- “It is very good, I have been coming here for quite a while now, I enjoy coming here. I have a good laugh with the staff. I like going out for drives, the Jet Centre, crazy golf, snooker, go out for takeaway’s and go up to the town centre.”

### **6.3.4 Care practices**

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties and training. Staff also advised that they believed a good standard of care was provided for residents and if there were any concerns they would have no hesitation in reporting these to management.

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.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example autism and epilepsy awareness.

Discussion with staff, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

Staff confirmed there were risk management procedures in place relating to the safety of individual residents. Regular debriefs and reviews would take place following untoward incidents. It was also advised that the home did not accommodate any individuals whose assessed needs could not be met.

The general atmosphere in the home was relaxed, homely and supportive. Residents appeared content, relaxed and at ease in their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm.

### **Areas of good practice**

There were areas of good practice found in relation to feedback from residents, general observations of care practices, care records and staff’s knowledge and understanding of residents’ needs.

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9536 1111  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews