



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Fairways - Woodford Respite Project (11988)
Date of Inspection 3 July 2014
Inspector's Name: Bronagh Duggan
Inspection No: 17337

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Fairways - Woodford Respite Project
Address:	42 Woodford Park Coleraine BT51 3LJ
Telephone number:	(028) 7032 8009
E mail address:	vderbyshire@fili.org.uk
Registered Organisation/ Registered Provider:	Fairways Independent Living Initiative Mr Robert Anthony Dunlop
Registered Manager:	Miss Victoria Derbyshire
Person in charge of the home at the time of Inspection:	Ms Laura Kelly
Categories of care:	RC-LD
Number of registered places:	3
Number of residents accommodated on day of Inspection:	2
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	5 November 2013 Primary announced inspection
Date and time of inspection:	3 July 2014 11:15am – 1:35pm
Name of inspector:	Bronagh Duggan

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually
- Inspection of the premises
- Evaluation of findings and feedback

5.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 9 – Health and Social Care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 PROFILE OF SERVICE

42 Woodford Park is managed and owned by Mr Tony Dunlop, General Manager of the Fairways Group.

The facility is managed on a day to day basis by Ms Victoria Derbyshire, who is the Registered Manager of the adjoining supporting people scheme. The management is supported by Ms Lorraine Russell, Acting Team Leader.

The facility is situated discreetly within a residential area on the outskirts of Coleraine.

The facility is in similar nature to a domestic style three bedroom bungalow, with discreet adaptations in place to meet residents' assessed needs.

The home provides respite care for up to three residents, although generally this is normally two residents at a time.

The home is registered to provide care for a maximum of three persons under the following categories of care:

Residential care

LD Learning Disability

7.0 Summary of inspection

This secondary unannounced care inspection of Fairways Woodford Respite Project was undertaken by Bronagh Duggan on 3 July 2014 between the hours of 11:15am – 1:35pm. Ms Victoria Derbyshire registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

The focus of this unannounced inspection was on standard nine Health and Social Care. Two care files examined during the inspection included details of relevant professional involved in the residents care. Staff showed knowledge of the differing needs of residents in the home during the inspection and have attended training which related to different conditions which residents may present with for example epilepsy, and demonstrated knowledge of the protection of vulnerable adults and had completed training on human rights.

During the inspection the inspector observed staff administering medications to residents after 11am. Examination of the drug recording sheets showed that these were in fact morning medications and should have been administered at 8.30 am as prescribed. The inspector discussed this with the staff member administering the medication, and the registered manager. The staff member informed he inspector that the residents had a lie in and that was why they were receiving their medication later than prescribed. The need to ensure medications are administered at the prescribed time and recorded accordingly has been made a requirement as a result of the inspection findings.

Review of two care records showed that resident's health and welfare needs were monitored during their respite stay. As this is a respite facility the home does not usually accompany

residents to health and social care appointments, however residents representatives are provided with a written summary of their respite stay upon discharge. There was a clear system in place for documenting resident's personal items used within the home. An itinerary of personal items is completed upon a resident's admission to the home for a period of respite and is completed again upon the residents discharge from the service.

The home was found to be substantially compliant with this standard.

During the inspection the inspector met with residents, and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be in good condition. The home is of a domestic style residents were observed moving freely between the kitchen and living area of the home.

Additionally, from the two care files which were examined during the inspection it was noted that one of these did not contain a photograph of the resident this was of particular concern considering the home provides respite care to a number of different clients on an irregular basis. A requirement has been made in this regard.

Two requirements were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 FOLLOW-UP ON PREVIOUS ISSUES

No requirements or recommendations resulted from the primary announced inspection of Fairways 42 Woodford Park which was undertaken on 5 November 2013.

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Two care files examined during the inspection included details of resident's general practitioner, optometrist as required for one resident and dentist.</p>	Compliant
<p>Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Two staff spoken with showed knowledge of the differing needs of residents in the home during the inspection. Staff have attended training which related to different conditions which residents may present with such as epilepsy, and demonstrated knowledge of the protection of vulnerable adults and had completed training on human rights.</p> <p>The inspector observed staff administering medications to residents after 11am. Examination of the drug recording sheets showed that these were in fact morning medications and should have been administered at 8.30 am as prescribed. The inspector discussed this with the staff member administering the medication who stated that the residents were receiving their medication later as they had had a lie in that morning. It was noted that one of the residents receiving medication had epilepsy and ought to receive their anti-convulsant medication at regular intervals. The need to ensure medications are administered at the prescribed time and recorded accordingly was discussed with the registered manager. A requirement has been made in this regard. This information was also shared with the designated RQIA pharmacy inspector for the home.</p>	Substantially compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	
Inspection Findings:	
<p>Review of two care records showed that resident's health and welfare needs were monitored during their respite stay. The inspector and registered manager discussed the needs of an identified resident; the registered manager informed the inspector that there is currently multi-disciplinary input taking place in relation to the residents changing needs and a plan of action has been agreed for the occasions when the resident stays at the facility.</p>	<p>Compliant</p>

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings: As this is a respite facility the home does not usually accompany residents to health and social care appointments, however residents representatives are provided with a written summary of their respite stay upon discharge.	Compliant
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings: As in 9.4 this is a respite facility therefore the home is not directly involved in arranging health and social care appointments for residents.	Not Applicable
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings: There was a clear system in place for documenting resident's personal items used within the home. An itinerary of personal items is completed upon a resident's admission to the home for a period of respite and is completed again upon the residents discharge from the service.	Compliant

ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with the two residents individually. Residents were observed in the kitchen and relaxing in the communal lounge area. In accordance with their capabilities, both residents indicated / expressed that they were happy and content in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

10.2 Relatives/representative consultation

There were no relatives or representatives available to meet with the inspector.

10.3 Staff consultation

The inspector spoke with two members of staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. Staff were aware of the differing needs of residents who use the facility and the importance of ensuring good compatibility for the range of residents was discussed. Staff talked about the individual likes and dislikes of residents and referenced the need to follow residents care plans.

10.4 Visiting Professionals

There were no visiting professionals to the home during the inspection.

10.5 Environment

The inspector viewed the home accompanied by Ms Laura Kelly and alone and inspected residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be in good condition, the home environment was relaxed the two residents were observed moving freely and at ease between the kitchen and living area.

10.6 Care Plans

The inspector viewed the care plans of the two residents staying at the home. One of these care plans did not include a photograph of the resident. This was discussed with the registered manager; it was felt this was of particular concern considering the home provides respite care to a number of different clients on an irregular basis. A requirement has been made in this regard.

10.7 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Victoria Derbyshire, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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

Bronagh Duggan
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Secondary Unannounced Care Inspection
Fairways - Woodford Respite Project

3 July 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Victoria Derbyshire registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 13.(4) (b) Ref. (9.2)	The registered manager must ensure that all medications are administered to residents as prescribed.	One	Staff one have been advised to ensure this at all times. Also added to policy	From day of inspection and ongoing
2.	Regulation 19.(1)(a) Schedule 3 (2) Ref.(10.6)	The registered manager must ensure there is a recent photograph included in the care plan of each resident who receives care in the home.	One	All Families have been asked to provide any missing photographs prior to next respite stay.	From day of inspection and ongoing

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Tony Dunlop

NAME: Robert Anthony Dunlop
 Registered Provider

DATE 19-09-14

SIGNED: Victoria Derbyshire

NAME: Victoria Derbyshire
 Registered Manager

DATE 19-09-14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	6 October '14
Further information requested from provider			