



The Regulation and
Quality Improvement
Authority

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

Inspector: Bronagh Duggan
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**Unannounced Care Inspection
of
Fairways
Woodford Respite Project**

24 February 2016

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

1. Summary of Inspection

An unannounced care inspection took place on 24 February 2016 from 11.45 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. Two recommendations were made relating to the development of a policy in the home regarding take away foods and the displaying of a menu in a suitable format. One requirement was made relating to the reporting of notifiable events.

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

Actions/Enforcement Taken Following the Last Inspection

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

1.1 Actions/Enforcement Resulting from this Inspection

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

1.2 Inspection Outcome

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

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

2. Service Details

Registered Organisation/Registered Person: Fairways Woodford Ltd/ Tony Dunlop	Registered Manager: Victoria Derbyshire
Person in Charge of the Home at the Time of Inspection: Victoria Derbyshire	Date Registered: 19 October 2012
Categories of Care: RC-LD	Number of Registered Places: 3
Number of Residents Accommodated on Day of Inspection: 2	Weekly Tariff at Time of Inspection: £1850 per week

3. Inspection Focus

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

Standard 12: Residents receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

4. Methods/Process

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

Prior to inspection the following records were analysed: notifications of accidents and incidents submitted to RQIA since the previous inspection on 30 June 2015 and the returned Quality Improvement Plan.

During the inspection we met with two residents, one care staff, and the registered manager. There were no visiting professionals or resident's visitors/representatives present during the inspection.

The following records were examined during the inspection: four care records, menu records, discharge reports, service user surveys, the homes policy on food and nutrition, accident and incident reports, complaints records, monthly monitoring reports, staff training records and the homes Fire Safety Risk Assessment.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 30 June 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection on 30 June 2015.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1.2	The registered manager should ensure that a system is introduced so that service user feedback is sought from residents individually at the end of their stay. This information can then be used by the home to further improve services available to residents accessing the home.	Met
	Action taken as confirmed during the inspection: Service user feedback is sought at the end of each residents stay. We inspected a selection of returned surveys these reflected services user views and choices for their next stay.	

5.3 Standard 12 – Residents receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

Is Care Safe? (Quality of Life)

In our discussions with the registered manager and the staff member on duty they confirmed to us that the food provided in the home was varied with a focus on residents individual preferences ensuring nutrition and variety during stays.

We reviewed four care records. These included relevant information in relation to residents eating habits; any identified medical conditions which could be affected by diet and specific directions for those residents with identified feeding issues. There was evidence of multidisciplinary input for those residents with identified feeding issues.

We discussed with the registered manager the need to ensure regular review of one specific dietary plan programme. The registered manager provided evidence to show that this issue was being followed up with the identified professional.

Residents confirmed to us that food, snacks and drinks are readily available in the home. Observations made in the home confirmed this. Residents also confirmed that they were happy with the quality of the food provided in the home.

Is Care Effective? (Quality of Management)

The home had a policy in place titled Food and nutrition (2015). This reflected the need for adequate nutrition and portion sizes, individual preferences and snack availability.

We discussed with the registered manager the homes policy in relation to “take away” food. The registered manager confirmed if residents wish to have a “take away” during their stay at the home this would be facilitated by staff. The registered manager confirmed residents would pay for their own “take away” food during stays at the home. We made a recommendation that a policy should be developed specifically relating to the issue of “take away” foods in the home.

The registered manager and staff member on duty confirmed residents are consulted in relation to menu planning and making choices about meals provided on a regular basis. We found residents' preferences in relation to foods were included in their care records. Residents confirmed to us that they were satisfied with the food provided at meal times.

The registered manager confirmed meals are provided at conventional times and snacks are available at regular intervals. The registered manager also confirmed that some residents may bring snacks of their choice to the home for the duration of their stay.

We inspected records of meals provided for residents maintained in the home. These were maintained on an up to date basis. We found records of residents' food intake were also reflected in the discharge reports provided by the home.

We spoke the residents during the inspection and asked if they knew what was on the menu for lunch that day. Both residents were unaware. We made a recommendation that a daily menu should be displayed in a suitable format and in an appropriate location so that residents and/or their representatives know what is available at each meal time.

In our discussions with the staff member on duty they confirmed to us that they were aware of specific dietary requirements of residents who would frequent the home.

Observations of meals and snacks served confirmed they were provided in suitable portion sizes and in keeping with residents' wishes.

Is Care Compassionate? (Quality of Care)

In our discussions with the staff member on duty they demonstrated good awareness of the need to promote the values of privacy, dignity and respect when supporting residents with meals and at meal times. Observations of general care practices evidenced care and compassion being shown to residents.

Areas for Improvement

We identified two areas for improvement from the standard inspected. These included the development of a policy relating to "take away" food and for a daily menu to be displayed in a suitable format for residents. Overall this standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Additional Areas Examined

5.4.1. Residents views

We spoke with the two residents in the home. In accordance with their capabilities both expressed or indicated that they enjoyed their stays at the home, their relationship with staff and the care provided.

One comment made was:
"I like it here."

5.4.2 Staff views

We spoke with one staff member on duty who confirmed that they were supported in their role and were provided with the relevant resources to undertake their duties. The staff member confirmed that they were aware of reporting procedures within the home.

5.4.3 General Environment

We found the home clean and tidy with no malodours present. The décor and finishing's were of a good standard.

5.4.4 Accidents and incidents

We inspected the accident and incident records maintained in the home. We found there had been a number of occasions when incidents were not reported to RQIA when they should have been.

We discussed the issue of notifiable events with the registered manager including examples of what would be considered as being a notifiable event. We made a requirement in this regard. We advised the registered manager to access the most recent guidance relating to the reporting of notifiable events provided by RQIA in 2015.

5.4.5 Complaints

We inspected complaint records retained in the home. These had been managed appropriately. No new complaints had been made since the previous inspection.

5.4.6 Fire Safety

We inspected fire safety training records which showed training was provided for staff on a twice annual basis. The registered manager informed us that the most recent training session planned for 9 February 2016 was cancelled by the trainer but this would be rearranged without delay.

We noted that one staff member had not completed fire safety training within the identified time scale. This was discussed with the registered manager who informed us that this staff member worked on an ad hoc basis. The need to ensure all staff complete mandatory training requirements was discussed with the registered manager.

The homes Fire Safety Risk Assessment was completed in November 2015. The registered manager confirmed that any recommendations were actioned accordingly.

Areas for Improvement

We identified one area for improvement from the additional areas examined. This related to the reporting of notifiable events.

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Victoria Derbyshire as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 30.(1) (d) Stated: First time To be Completed by: 24 February 2016	The registered manager must ensure that any event which adversely affects the care, health, welfare or safety of any resident is reported to RQIA accordingly.		
	Response by Registered Person(s) Detailing the Actions Taken: <i>All future incidents that affect the care, health, welfare or safety of any resident will be reported to RQIA accordingly.</i>		
Recommendations			
Recommendation 1 Ref: Standard 21.1 Stated: First time To be Completed by: 23 March 2016	The registered manager should ensure a policy is developed relating to "take away" foods in the home.		
	Response by Registered Person(s) Detailing the Actions Taken: <i>Policy now in place.</i>		
Recommendation 2 Ref: Standard 12.4 Stated: First time To be Completed by: 23 March 2016	The registered manager should ensure that a daily menu is displayed in a suitable format and in an appropriate location so that residents and/or their representatives know what is available at each meal time.		
	Response by Registered Person(s) Detailing the Actions Taken: <i>A menu board has been displayed in dining area and pictorial menus are currently being devised.</i>		
Registered Manager Completing QIP	<i>Wahy O</i>	Date Completed	5-4-16
Registered Person Approving QIP	<i>Tony Ho</i>	Date Approved	5-4-16
RQIA Inspector Assessing Response	<i>Brona Dwyer</i>	Date Approved	11-4-16

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