

# Unannounced Care Inspection Report 27 July 2016



## Fairways - Woodford Respite Project

Type of service: Residential care home  
Address: 42 Woodford Park, Coleraine, BT51 3LJ  
Tel No: 028 70328009  
Inspector: Bronagh Duggan

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Fairways - Woodford Respite Project took place on 26 July 2016 from 10:45 to 16:45.

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

### **Is care safe?**

Two areas of improvement were identified. One requirement was made to ensure the identified residents care plan is updated to reflect clearly and specifically defined parameters with regard to a restrictive behavioural intervention. One recommendation was made with regards to ensuring the duty rota is fully completed at all times.

### **Is care effective?**

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to care records, multi-disciplinary working and reviews, communication between staff and other key stakeholders.

### **Is care compassionate?**

No requirements or recommendations were made in relation to this domain. Some examples of good practice found throughout the inspection were in relation to the culture and ethos of the home, listening to and valuing residents and taking into account the views of residents.

### **Is the service well led?**

No requirements or recommendations were made in relation to this domain. Some examples of good practice include governance arrangements, management of complaints, quality improvement initiatives and good working relationships.

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
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

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 24/02/16.

## 2.0 Service details

<b>Registered organization /registered person:</b> Fairways Woodford Ltd	<b>Registered manager:</b> Miss Victoria Derbyshire
<b>Person in charge of the home at the time of inspection:</b> Victoria Derbyshire	<b>Date manager registered:</b> 19 October 2012
<b>Categories of care:</b> LD - Learning Disability	<b>Number of registered places:</b> 3

## 3.0 Methods/processes

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

During the inspection the inspector met with one resident, one team leader, one support worker and the registered manager. The registered provider Mr Tony Dunlop was present for a short period at the beginning of the inspection. There were no visiting professionals or resident's visitors/representatives present during the inspection.

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)
- Two 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
- 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
- Individual written agreement
- Input from independent advocacy services
- Policies and procedures manual

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

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 24/02/16**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 24/02/16

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 30.(1) (d) <b>Stated:</b> First time <b>To be Completed by:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of accident and incident records in home and discussion with the registered manager confirmed that all relevant information was reported to RQIA as necessary.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time <b>To be Completed by:</b> 23 March 2016	The registered manager should ensure a policy is developed relating to “take away” foods in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A policy relating to “take away” foods was in place.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be Completed by:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A daily menu board including pictorial information / resources had been placed in an appropriate location in the home.	

### 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.

On the day of inspection the following staff were on duty:

- Registered manager
- 1x team leader
- 1x support worker

Review of the duty rota showed some omissions with regard to identifying the specific staff working at the respite project which shares an adjoining site with another Fairways supported living facility. The need to ensure this is completed at all times was discussed with the registered manager. A recommendation was made.

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 annual staff appraisals and staff supervision was maintained and was available for 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. A sample of staff competency and capability assessments were reviewed and found to satisfactory. These were reviewed on an annual basis.

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 three 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.

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

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion. The registered manager also confirmed that the homes policies and procedures would be updated to reflect the new guidance.

Discussion with staff confirmed that they were aware of the new 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. Care needs assessment and risk assessments (e.g. manual handling, nutrition) and Comprehensive Multidisciplinary Risk Management Plans where appropriate were reviewed and updated on a regular basis or as changes occurred.

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 that restrictive practices were employed within the home including an automated locked front door. The registered manager shared relevant information relating to restrictive practices used through behavioural interventions. There was some discussion with the registered manager regarding one specific intervention to manage an identified behaviour. Review of the identified residents care records showed that there had been discussions with the multi-disciplinary team regarding the introduction of a specific restriction. Some ambiguity was however noted in the written records available. This was discussed with the registered manager who confirmed a specific plan of care had been agreed by the multi-disciplinary in relation to the management of the identified behaviour.

A requirement was made that the identified care plan should be updated to show clearly and specifically defined parameters with regard to the restriction as agreed by the multi-disciplinary team. This should remain under regular review by the multi-disciplinary team. Following the inspection written confirmation was received that the identified behaviour management restriction had been appropriately assessed, agreed and documented as necessary. This shall be reviewed during the next inspection.

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-disciplinary 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 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. COSHH, fire safety etc.

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 disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the homes 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 satisfactory. 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 16 November 2015 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed quarterly the most recent was 21 May 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained.

Seven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

One resident's representative commented:

- Staff have always shown that they are aware of the safety measures that my (relative) requires.

### Areas for improvement

Two areas for improvement were identified in relation to ensuring the identified residents care plan is updated to reflect clearly and specifically defined parameters with regard to a restrictive behavioural intervention. A requirement was made. One recommendation was made in relation to ensuring the duty rota is fully completed at all times.

<b>Number of requirements:</b>	1	<b>Number of recommendations:</b>	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. The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. 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 when a resident arrives at the respite facility a staff member would sit down with the resident and plan the activities / outings with them for the duration of their stay.

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. Residents are asked to complete an evaluation at the end of each stay. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report. For example accidents, incidents, complaints, and safeguarding issues are reviewed on a monthly basis.

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. 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 residents, their representatives and other key stakeholders. During the inspection one resident was accessing the service. Staff spoken with confirmed they were aware of how to support the individual needs of the resident. Staff were aware of the importance of assessing non-verbal cues due to the limited verbal communication skills of some residents who access the service.

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 who had issues with mental capacity / who required specialist supports.

Seven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided. One resident's representative commented in a returned questionnaire:

- I feel really reassured by the care my (relative) is given, and totally at ease during respite.

## Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' preferences and cultural needs were met within the home.

The registered manager confirmed that consent was sought in relation to care and treatment. Discussion with staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff were aware that confidential information should not be discussed in front of other residents or visitors to the home.

Discussion with staff, observation of practice with one resident in the home during the inspection and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example during stays at the home residents are encouraged to participate in activities they enjoy for example going to the cinema, board games, colouring in, eating out. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, review of completed representative questionnaires and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 menu board is used to display in pictorial format meals, also residents are asked to complete a user friendly evaluation report at the end of their stay in the home.

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 staff sit down with residents at the beginning of their stay and plan the activities / outings they may want to do during their visit, evaluation reports are completed with residents at the end of each stay, representative views are also gained prior to admission to the home.

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.

Two representatives confirmed in completed questionnaires received that their views and opinions were taken into account in all matters affecting their relative.

Seven completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents were satisfied with the care provided.

One resident’s representative commented in a returned questionnaire:

- (My relative) is treated really well and is always looking forward to his/her respite

**Areas for improvement**

There were no areas identified for improvement.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	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 health and social care 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 were 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 DHSPPS 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.

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 available for inspection. 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 quality improvement which included regular audits, satisfaction surveys, evaluation reports to be completed at the end of each residents stay.

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 including respect training.

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 and would regularly visit the facility.

The registered manager confirmed that the home operated in accordance with the regulatory framework. The RQIA certificate of registration was available .

Review of notifications of accidents and incidents and 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships 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.

Seven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

Two resident's representatives commented in the returned completed questionnaires:

- There are very positive and open lines of communication between Woodford and the family, we are kept up to date by phone and written forms.
- The only issue that I have with (my relatives) respite care is that care is not offered on a more regular basis – meaning that carers would be able to cope with the various behaviours that (my relative) has if they got respite on a more regular basis.

The information regarding the provision of additional respite was shared with the registered manager who confirmed the level of respite provision was allocated by the referring trust on an individual basis.

## Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	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 the 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 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 to RQIA's office 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 16. (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 August 2016</p>	<p>The registered provider should ensure 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.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>The care plan was updated by NHSC T named worker on 27-7-16 detailing the nature of the restrictive practice and authoring the parameters for its usage. This will be reviewed on a monthly basis &amp; assessed during each respite stay.</i></p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 July 2016</p>	<p>The registered provider should ensure the duty rota is fully completed at all times.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>The duty rota will denote the names of the staff member(s) working in the home at all times.</i></p>

**\*Please ensure this document is completed in full and returned to RQIA's Office**



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