



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	16931
Establishment ID No:	11988
Name of Establishment:	Fairways - Woodford Respite Project
Date of Inspection:	24 June 2014
Inspector's Name:	Phil Cunningham

1.0 GENERAL INFORMATION

Name of Home:	Fairways - Woodford Respite Project
Address:	42 Woodford Park Coleraine BT51 3LI
Telephone Number:	02870328009
Registered Organisation/Provider:	Fairways Independent Living Initiative
Registered Manager:	Victoria Derbyshire
Person in Charge of the Home at the time of Inspection:	Lorraine Russell
Other person(s) consulted during inspection:	Victoria Derbyshire
Type of establishment:	Residential Home
Number of Registered Places:	3
Date and time of inspection:	24 June 2014 from 09.45 – 11.45
Date of previous inspection:	First announced estates Inspection since registration
Name of Inspector:	Phil Cunningham

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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, 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
- Residential Care Homes Minimum Standards (DHSSPS, 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 person in charge
- Examination of records
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Lorraine Russell, Officer in Charge and Victoria Derbyshire, Registered Manager.

6.0 INSPECTION FOCUS

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

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 PROFILE OF SERVICE

Fairways - Woodford Respite Project is a modern domestic size 3-bedroom bungalow discretely situated in a residential development on the outskirts of Coleraine. The home shares a site with a number of premises which are registered to provide domiciliary care in a supported living environment and is relatively convenient to local amenities and transport links.

8.0 SUMMARY

Following the Estates Inspection of Fairways - Woodford Respite Project on 24 June 2014, some improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in five requirements (one restated) and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Lorraine Russell and Victoria Derbyshire during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 **Recommendations and requirements made following the previous estates inspection.**

While this is the first estates inspection since the home registered in October 2012, a number of estates/premises related issues were raised during the registration process and these have been largely addressed. One item however has not and is restated following this inspection. See 9.3.1 below and item 1 in the attached Quality Improvement Plan.

9.2 **Standard 27 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

9.2.1 The home presents as well maintained and in a good decorative order. The outside areas appear secure for use by residents and are well kept. Records indicate good attention to ongoing maintenance by specialist service contractors and routine safety checks by staff.

9.2.2 No recommendations or requirements are made in respect of this standard.

9.3 **Standard 28 - Safe and healthy working practices - *The home is maintained in a safe manner***

9.3.1 The homes heating boiler, and the heating boilers of the adjacent houses are in outdoor enclosures located within the secure garden area at the rear of the homes to which the residents have access. The flues of the boilers are exposed at waist-height and may present a scald risk to residents. The provider should take measures to ensure that the risk of scalding to residents is eliminated by provision of a suitable guard to the flues. This was identified for action at the time of registration and is restated See item 1 in the attached Quality Improvement Plan.

9.3.2 The electrical appliances in the home were subjected to safety checks in September 2012 in connection with the registration of the home. The Officer in Charge intimated that that these have not been formally checked since that time. The provider should make assessment of the need to check the various items of equipment and do so as found appropriate. Guidance relating to this can be found on the HSENI website at http://www.hseni.gov.uk/hsg107_maintaining_portable_and_transportable_electrical_equipment.pdf See item 2 in the attached Quality Improvement Plan.

9.3.3 The home's thermostatic mixing valves have not been serviced in accordance with manufacturer's guidance. It is noted that staff carry out

checks to the valves for correct operation on a weekly basis and these appear to show that all valves are working correctly and safely. See item 3 in the attached Quality Improvement Plan.

9.4 Standard 29: Fire safety - Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.

9.4.1 The doors to the bedrooms are not fitted with automatic self-closing devices. RQIA wrote to homes in June 2013 enclosing correspondence from the Northern Ireland Fire and Rescue Service (NIFRS) which outlined their position in relation to the provision of this equipment on all doors which lead onto an escape route. See http://www.rqia.org.uk/cms_resources/Audit%20Inspections%20of%20Registered%20Residential%20Care%20Premises%20by%20NIFRS.pdf and http://www.rqia.org.uk/cms_resources/door%20closers%20April%202013.pdf
The home should move to compliance with this. See item 4 in the attached Quality Improvement Plan

9.4.2 Several of the doors in the home are fitted with electrically operated magnetic locks to control movement of residents within the home and between the inside of the home and external areas. The locks are operated by the use of hand held fobs and are released by activation of the fire alarm and detection system. There is no other means of releasing the doors i.e. in the event of an emergency. See item 5 in the attached Quality Improvement Plan

9.4.3 It is unclear whether the person carrying out the home's fire risk assessment holds professional registration or third-party accreditation by a recognized body for fire risk assessment. This was outlined in correspondence from RQIA to all care home providers in January 2013. See http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf
http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf
See item 6 in the attached Quality Improvement Plan

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Lorraine Russell and Victoria Derbyshire as part of the inspection process

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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

11.0 Enquiries

Enquiries relating to this report should be addressed to:

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



Phil Cunningham
Senior Estates Officer

11 July 2014

Date



Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Fairways - Woodford Respite Project Residential Home

- on -

24 June 2014

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	X	X		P Cunningham	18/9/14
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	X		X	P Cunningham	18/8/14

NOTES:

The details of the Quality Improvement Plan were discussed with **Error! Reference source not found.** and Victoria Derbyshire as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

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

The Quality Improvement Plan is 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: _____

SIGNED: _____

NAME: _____
(Print) REGISTERED PROVIDER

NAME: _____
(Print) REGISTERED MANAGER

DATE: _____

DATE: _____

Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1	14 (2)(a)	Provide adequate protection to the flues on the boilers which are accessible to residents to eliminate the potential scald hazard. Otherwise, confirm that the existing arrangement does not pose such a risk i.e. that the temperature of the exposed flue equipment does not reach temperatures in excess of recognized safe temperatures (45 ⁰ C) when the boilers are operating. See 9.3.1 in report	2 weeks	Guards have been fitted to the boiler flues.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2	27 (2)(c)	Ensure that the electrical equipment in the home is subject to suitable safety checks. Reference should be made to the guidance issued by HSENI on their website at http://www.hseni.gov.uk/hsg107_maintaining_portable_and_transportable_electrical_equipment.pdf See 9.3.2 in report	2 months	Additional visual checks by staff and confirmation from carers regarding the safety of electrical equipment being brought into the home has been added to the home's admission procedures.
3	27 (2)(c)	Ensure that the thermostatic mixing valves in the home have been serviced in accordance with the manufacturer's guidance. See 9.3.3 in report	2 months	These will now be serviced annually.

Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4	27 (4)(b)	<p>Provide automatic self-closing devices to doors which lead onto escape routes. Care should be taken to provide suitable equipment which accommodates the needs of residents in bedrooms which may necessitate the provision of suitable 'hold-open' or 'swing-free' type devices etc.</p> <p>Reference should be made to correspondence from RQIA to homes in June 2013 enclosing correspondence from the NIFRS which outlined their position in relation to the provision of this equipment on all doors which lead onto an escape route. See http://www.rqia.org.uk/cms_resources/Audit%20Inspections%20of%20Registered%20Residential%20Care%20Premises%20by%20NIFRS.pdf and http://www.rqia.org.uk/cms_resources/door%20closers%20April%202013.pdf see 9.4.1 in report.</p>	2 months	Self closing devices have been fitted to doors leading onto escape routes. There is one outstanding self closure device to be fitted as it was a particular 'hold open' type which required ordering. It is envisaged that this will be fitted within the next few weeks.
5	27 (4)(b) 27 (4)(d)(iii)	<p>Provide suitable 'over-ride' facilities for the magnetic locks on doors for use by staff in the event of emergency. The provider should liaise with the fire safety adviser/fire risk assessor accordingly.</p> <p>see 9.4.2 in report.</p>	1 months	Electrician has been contacted and will fit this in the storage cupboard next to the electronic door so that the door can be accessed in the event of the electronic door locking system failing.