

# Unannounced Care Inspection Report

## 9 March 2021



## Fairview & Craigdene Residential Care Home

**Type of Service: Residential Care Home**

**Address: 24a Trench Road, Waterside, Londonderry, BT47  
3UB**

**Tel No: 028 7134 2147**

**Inspector: Laura O'Hanlon**

[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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care for up to 26 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Charline Care Homes Ltd  <b>Responsible Individual:</b> Gordon Graham Wilkinson	<b>Registered Manager and date registered:</b> Rachel Barr – 21 August 2019
<b>Person in charge at the time of inspection:</b> Rachel Barr, manager	<b>Number of registered places:</b> 26
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 26

### 4.0 Inspection summary

An unannounced inspection took place on 9 March 2021 from 10.50 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that staff were kind to them.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rachel Barr, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 16 residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Staff duty rotas
- three staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 2 July 2019.

Areas for improvement from the last care inspection		
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 20.2  <b>Stated:</b> First time	The registered person shall develop a system for the tracking and monitoring of staff NISCC registrations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that there was a system in place to track and monitor staff registration with NISCC.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure that the environmental issues as cited within section 6.3 of this report are addressed including;  Craigdene environment <ul style="list-style-type: none"> <li>the coving in the kitchen, the work surface ,the fridge</li> <li>cleaning the walls and skirting at the door leading to the kitchen</li> <li>in depth cleaning the floor of shower in the ensuite bathroom in the downstairs bedroom beside the laundry</li> <li>repair or replacement of the door in one identified bedroom</li> <li>repair of the ceiling light in one identified bedroom</li> </ul> Fairview environment <ul style="list-style-type: none"> <li>cleaning of the build-up of black residue at the entrance to a significant number to the doors on the ground floor</li> <li>repair of the coving and the wall beside the toilet in one identified bedroom</li> <li>repair of the wall behind the toilet in an identified bathroom on the first floor</li> </ul>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the above areas were addressed.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control risks as cited within section 6.3 of this report are addressed; <ul style="list-style-type: none"> <li>• pedal operated bins in the kitchen of Craigdene</li> <li>• wall mounted soap in the kitchen of Craigdene</li> <li>• Correct use of colour coding of cleaning equipment</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the above areas were addressed.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time	The registered person shall ensure that risk assessments and comprehensive care plan are kept up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that care plans and risk assessments were up to date, reviewed monthly and updated accordingly.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 13.9  <b>Stated:</b> First time	The registered person shall ensure that a record of all activities is maintained	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records confirmed that a record was maintained of all activities undertaken by the residents.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time	The registered person shall ensure that a copy of all monthly monitoring visits undertaken is available for inspection	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of the monthly monitoring reports were available for inspection.	

<b>Area for improvement 7</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time	The registered person shall ensure that staff meetings are held on a regular basis, at least quarterly, with minutes recorded and retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the minutes of staff meetings was available and confirmed that these were undertaken quarterly.	

## 6.2 Inspection findings

### 6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the manager further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- "There is very good care provided here. The residents are treated like our family; the priority is the residents. Generally the staffing is ok."
- "There have been great improvements in this home, it's a very relaxed atmosphere. There are enough staff on duty and they would always be adjusted accordingly. There is a good level of care provided here, very person centred and the residents come first."

We could see that the duty rota accurately reflected the staff working in the home and the manager's hours were recorded. The rota recorded the person in charge of the home in the absence of the manager however it did not record the full names and grades of staff. An area for improvement was made in this regard.

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

There was an overview of staff training in place which included mandatory training and additional training where this was required. This was checked on a monthly basis by the manager.



### 6.2.2 Infection prevention and control procedures (IPC)

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

Staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

### 6.2.3 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents were content and settled in their surroundings and in their interactions with staff. Comments from residents included:

- "I like it here, the staff are all good to me."
- "I am very happy in here and I am well looked after."

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and sat beside residents when assisting them with their meal. A daily menu was displayed within the dining room which offered a choice of two main meals.

Staff spoke of the importance of communication with families due to limited visiting at present; they were helping residents to keep in touch via alternative methods such as FaceTime and phone calls and found this was generally working well. At present visiting arrangements are in place in a designated area of the home and on a scheduled basis.

We observed residents engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. Staff were very aware of each resident's likes, dislikes and strengths and were easily able to redirect a resident when this was required.

### 6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.



There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

### **6.2.5 Environment**

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining areas and storage areas. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were meaningful to individual residents. Corridors and fire exits were clear of obstruction.

We noted a number of shower plugholes which were absent. This was discussed with the manager who stated that these were currently being refurbished. The manager advised that there is a schedule of works in place for redecoration within the home which includes repainting and the installation of new flooring in some areas.

We observed some equipment such as shower chairs and raised toilet frames which was either damaged or rusted. This was identified as an area for improvement.

We noted where some fire doors were not fully closing and two other doors were being propped open. This was discussed with the manager who reported that they were awaiting delivery of door hold open devices. This was identified as an area for improvement.

### **6.2.6 Governance and management arrangements**

There is a clear management structure within the home and the manager and the responsible individual were available during the inspection process. Discussion with the manager evidenced that she felt well supported in her role. The manager confirmed that she undertakes a daily walk around the home so that she is appraised with everything. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable. Comments included:

- "I am very much supported by the management team, the manager is a visible presence and I could go to any of them."
- "Rachel (manager) is very approachable. I could also approach Graham (responsible individual)."

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, use of PPE and hand hygiene. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation

whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the report were available for residents, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

### Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

### Areas for improvement

Three areas for improvement were identified in relation to the duty rota, equipment and fire safety.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents were content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met. Throughout the inspection, residents within the home were attended to by staff in a respectful manner.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rachel Barr, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• All fire doors are fully closing</li> <li>• No fire doors should be propped open.</li> </ul> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            As discussed with the Inspector during the visit, replacement auto release door devices had arrived that day as part of our routine maintenance programme. They were fitted the following day. The two doors which did not close fully have been attended to.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 16 March 2021	<p>The registered person shall ensure that the duty rota records the full names and the grades of staff working in the home.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            This was dealt with on the day of the inspection.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 9 April 2021	<p>The registered person shall ensure that the identified shower chairs and raised toilet seats are replaced.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            As discussed with the Inspector during the visit, the items had already been listed in February 2021 as requiring replacement as part of our routine maintenance programme. The replacements were received from Western Trust in the third week of March 2021.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care