

Inspection Report

16 November 2021



Fairview & Craigdene Residential Care Home

Type of Service: Residential Care Home

Address: 24a Trench Road, Waterside,

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Charline Care Homes Ltd	Registered Manager: Miss Rachel Barr
Registered Person: Mr Gordon Graham Wilkinson	Date registered: 21 August 2019
Person in charge at the time of inspection: Miss Rachel Barr	Number of registered places: 26
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 26 residents. The home is divided into two buildings: Fairview and Craigdene, located on one site. Both homes can accommodate 13 residents. The homes are a two storied domestic type dwelling with stair lifts in place. Accommodation is provided in single bedrooms. All residents have access to communal spaces and an enclosed garden area outside.	

2.0 Inspection summary

An unannounced inspection took place on 16 November 2021 between 10.30am and 4pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm, clean and free from malodour. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles with training and resources. It was obvious from interactions that staff knew the residents well and were familiar with their individual needs.

Residents were seen to be well cared for and said that living in the home was a good experience.

There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Fairview and Craigdene.

There were no areas of improvement identified during this inspection.

RQIA were assured that the delivery of care and services provided in Fairview and Craigdene was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, the previous quality improvement plan and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

We met with 16 residents and four staff either individually or in small groups.

Residents told us that they were well cared for. They described the staff as helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that they were able to make their own choices and decisions and were involved in their care.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the manager was very approachable and that they felt well supported in their role. Discussion with staff evidenced that they were aware of what was important to the residents to ensure their wellbeing.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 09 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • All fire doors are fully closing • No fire doors should be propped open. 	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that all fire doors were fully closing and there were no fire doors propped open.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty rota records the full names and the grades of staff working in the home.	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that the full names and grades of staff were recorded.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that the identified shower chairs and raised toilet seats are replaced.	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that the shower chairs and raised toilet seats were replaced.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, infection prevention and control and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There was a system in place to ensure that staff received regular supervision and appraisal.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the management team were approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care and to knock on resident's bedroom doors to seek permission of entry. We observed residents able to walk around freely and light music was playing in the background.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. The food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

Staff told us how they were made aware of residents' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. Added to this, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We could see that refurbishment in the home had commenced with repainting and some new bedroom furniture in place. There are further plans in place to continue with these home improvements.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 17 February 2021. There were no areas for improvement identified within this assessment.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Staff were seen to offer residents options regarding, for example, where to eat their meals, if they wanted to take part in activities and if they preferred to spend time in one of the lounges or in their own bedroom.

Staff were seen to be attentive to residents needs including their social well-being. Activities were in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged in puzzles and craft activities with staff while others were quite content to watch television.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "I like it here, I can go to Rachel with all my problems." and "It's a great place, we had great fun at Halloween."

5.2.5 Management and Governance Arrangements

There has been no change in the management arrangements for the home since the last inspection: Rachel Barr is the manager of Fairview and Craigdene. Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices.

Staff commented positively about the manager and described her as approachable and accessible. The staff spoke about the positive impact of the management arrangements on the home and that they manager is keen to drive improvements in the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents were supported by staff to have meaning and purpose in their daily life in Fairview and Craigdene; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents. Staff responded to the needs of the residents and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Rachel Barr, manager, as part of the inspection process and can be found in the main body of the report.



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