



Unannounced Care Inspection Report 2 July 2019



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: Elizabeth Colgan

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 registered residential care home which provides care for up to 26 residents living with a learning disability. The home is divided in to two houses each containing 13 beds.

3.0 Service details

Organisation/Registered Provider: Charline Care Homes Ltd Responsible Individual: Gordon Graham Wilkinson	Registered Manager and date registered: Rachel Barr Registration pending
Person in charge at the time of inspection: Rachel Barr	Number of registered places: 26
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 2 July 2019 from 09.40 hours to 15.40 hours.

This inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous estates, and finance were not reviewed at this inspection. Action required to ensure compliance will be carried forward to the next inspection. There were no areas of improvement noted in respect of previous pharmacy inspection undertaken on 18 November 2018.

Evidence of good practice was found in relation to the ethos and culture within the home which was observed to be friendly and caring with a stimulating atmosphere where residents are listened to, feel valued and their rights upheld.

Areas requiring improvement were identified and included eight areas for improvement. Improvements included attention to the identified risk of cross contamination of infection, the environment, review of risk assessments and the comprehensive care plan, tracking of NISCC registrations, staff meetings, recording of activities and monthly monitoring visits.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, and staff during the inspection, are included in the main body of this report.

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
Total number of areas for improvement	0	7

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.

Action required to ensure compliance with the finance and premises inspections was not reviewed as part of this inspection. This will be carried forward to the next care inspection.

4.2 Action/enforcement taken following the most recent inspection dated 24 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No completed resident, or those who visit them, or staff questionnaires were returned to RQIA.

During the inspection a sample of records was examined which included:

- staff duty rotas from 9 June 2019 to 5 July 2019
- staff training records
- three staff recruitment and induction records
- four residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- activity records
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- a report of a visit by the registered provider/monthly monitoring report for June 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 outstanding areas for improvement from previous inspections

Areas of improvement identified at previous care inspection have been reviewed. All of the areas for improvement were met.

Action required to ensure compliance with the finance and premises inspections was not reviewed as part of this inspection. This will be carried forward to the next care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Both homes were observed to be comfortably heated and welcoming. All residents were up washed and dressed and some were waiting transport to day care. All residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs.

The manager, who arrived after the start of the inspection, confirmed that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty roster accurately reflected the number and names of staff on duty over the twenty four hour period and capacity in which they worked. However it could not be clearly identified from the rota who was in charge in the absence of the manager and staff were unsure what time she would be on duty. The manager who is new to the post addressed this issue immediately. Staff spoken confirmed that time was scheduled at shift changes to hand over information regarding residents and other areas of accountability.

Competency and capability assessments were in place for staff in charge of the home when the manager or her deputy was out of the home. No concerns were raised regarding staffing levels during discussion with residents and staff. Two residents said “staff are great”

The manager explained the system and process in place for the recruitment and selection of staff which were considered to be robust and in accordance with statutory employment legislation. Review of the employment records and documents held in the files of three newly appointed staff evidenced compliance with statutory employment legislation including pre-employment checks. The files evidenced that AccessNI disclosures were confirmed prior to any new staff commencing work. (AccessNI check is the vetting of applicants to ensure they were suitable to work in the home.)

The manager explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked by way of notifications received from NISCC. The development of a tracking record/matrix was suggested as this would provide an additional way for monitoring purposes to ensure staff re- register with NISCC within the correct timescale. This was identified as an area for improvement.

Staff told us that they had a good induction programme when they commenced work and that ongoing training was provided to ensure they were competent and capable to provided safe care in accordance with each resident’s person centre care plan. Staff also said they received good support from the manager and senior staff.

Staff training records reviewed evidenced that mandatory training was being provided alongside additional professional development training relevant to their area of work.

The manager, who is the adult safeguarding champion for the home, advised that no adult safeguarding issues had arisen since the previous care inspection. The adult safeguarding position report for 2018 will be reviewed at the next care inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. One care record reviewed had recorded measures in place to minimise the risk of falls.

An inspection of the environment of the two houses was undertaken. Resident’s bedrooms were personalised. All areas within the two houses were observed to be comfortably heated and odour free. Fire doors were closed and exits unobstructed. Areas which residents use have staff call bells installed. There were areas within the two houses that were identified for improvement as follows.

Craigdene environment

- In the kitchen the coving was partly missing, in one section work surface was damaged, the bottom of the fridge was badly rusted, and areas within the kitchen required more in depth cleaning. The cleaning issues identified had been addressed before the inspection was concluded.
- The walls and skirting at the door leading to the kitchen required cleaning.
- The coving and floor of shower in the ensuite bathroom in the downstairs bedroom beside the laundry required in depth cleaning. The cleaning of the coving had been addressed before the inspection was concluded.
- In one identified bedroom the door of an ensuite bathroom was noted have a large dent.
- In one identified bedroom the light of an ensuite bathroom was flickering on and off. This had been reported on the 10 June 2019.

Fairview environment

- There was a build-up of black residue on the floor at the entrance to a significant number to the doors on the ground floor.
- In one identified bedroom the coving and the wall beside the toilet was damaged.
- The wall behind the toilet in an identified bathroom on the first floor was damaged.

These issues were discussed with the manager and an area for improvement was identified.

Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to Infection Prevention and Control (IPC) procedures. However a number of issues were identified which create a risk of cross contamination of infection; the bins in kitchen of Craigdene were not pedal operated, and the soap was not wall mounted, colour coding of cleaning equipment was not always followed for example a yellow mop was used in the kitchen of Craigdene. These issues were discussed with the manager and an area for improvement was identified.

The manager described the range of professional staff who visits the home to assess and monitor the health and social care needs of residents referred to them. Visiting professionals included for example; district nurse, general practitioner, social worker, speech and language therapist and podiatrist. Records of visits were reflected within care records reviewed.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. No completed questionnaires were returned to RQIA.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to the development of a tracking record for staff NISCC registration and renewal dates’ infection prevention and control, and the home’s environment.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The four care records viewed contained comprehensive needs assessments which were complemented with risk assessments; care plans in place generally reflected the actual and potential needs of residents. Review of the four care records and discussion with the manager identified that risk assessments needed to be reviewed and the comprehensive needs assessment needed more regular review. The manager stated that this work had commenced, however to ensure a sustained focus an area for improvement was identified.

The manager stated that if needed daily supplementary recording charts of food/fluid intake would be introduced for residents with identified nutritional needs. Special diets were provided as required and when necessary food supplementary fluid would be prescribed by the general practitioner.

The manager explained referrals were made to other health care professionals when required, for example; care managers, social workers, general practitioners, speech and language therapists (SALT) and dieticians when necessary.

The use of restrictive practice was discussed with the manager who demonstrated good understanding of ensuring residents’ human rights were considered when planning and providing care. (Restrictive practice includes any action taken by staff which limits the rights or freedom of movement of a resident). The manager advised that the only restrictive practice within the home was restrictive window openings. The manager was aware that before any decisions were made about the application of such restrictions; best interest care review meetings would take place with trust professionals, resident and/or relatives where applicable, risk assessments discussed and decisions agreed. Currently the restriction in place was considered to be in the best interests of each resident’s health and safety.

Residents told us they were “happy with the care provided and had no issues or concerns”. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

There was good evidence of effective team work with staff communicating and helping each other to carry out duties. Staff said there was very good team work and staff demonstrated good knowledge of residents care needs and confirmed that all residents’ care needs were being met.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. No completed questionnaires were returned to RQIA.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement in relation to review of risk assessments and comprehensive needs assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Throughout the inspection staff interactions with residents were observed to be compassionate with detailed knowledge of residents’ choices, likes, dislikes and preferences and assessed needs. There was a pleasant happy atmosphere within the two houses, with residents conversing with staff and each other in a jovial manner.

Residents, when they returned from day care, spoke openly with us, they appeared relaxed and content. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home. Some of the comments made included statements such as;

- “I am very happy here.”
- “The staff are all good to us. I like them all.”

There was evidence that residents’ human rights were being upheld. This was evidenced from observations of staff interactions with residents, responses from residents about the care received and information recorded within needs assessments, risk assessments and care plans.

Residents’ preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. For example; where they liked to sit each day, how their furniture and personal possessions was displayed within their bedrooms, their choice of clothes to wear each day.

Care records reviewed outlined residents preferred activities and daily routines; staff said that these were flexible and that resident choice was always a priority. Staff described how they strive to promote residents independence; for example by way of encouragement; being involved in house hold tasks and wash and dress themselves. However a review of the records of residents meetings indicated that these were not held on a regular basis. The manager had reintroduced these and records were available for a meeting on 29 June 2019. The manager confirmed that these would be held on a regular basis.

The manager stated that a range of activities and outings were provided such as arts, crafts, and games. Staff said activities were based on resident's interests and they were consulted about their preferences when activities were being planned. A selection of materials and resources were available for use during activity sessions. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. Records of activities provided had not been retained for 2019, however previous years were available. This was discussed with the manager and an area for improvement was identified.

Meals were cooked and served to residents by care staff. Residents were all provided with a choice of meal and many individual choices were observed. Staff were present throughout the meal supervising and assisting residents as required. The manager explained that main meal of the day was served in the evening; when all residents had returned from day care.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. No completed questionnaires were returned to RQIA.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident

Areas for improvement

The following areas were identified for improvement in relation to recording of activities.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager explained that she is supported in her role by the proprietors, mixed skill care and an ancillary team of staff. The assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance. An assistant manager is being actively recruited.

The manager remained on duty throughout the inspection. The manager commenced her post in May 2019 and her registration with RQIA is being processed. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

The home retains a wide range of policies and procedures in place to guide and inform staff which were reviewed and revised.

The manager explained that she had put in place arrangements to ensure risk assessments were reviewed on a monthly basis. As previously stated in section 6.3 of this report risk assessments viewed within care records were in need of review.

The manager explained that audits of care plans, accidents/incidents, and environment were undertaken. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. However, only the record for June 2019 was available to confirm compliance with regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and minimum care standards. An area for improvement was identified.

The home had a complaints policy and procedure which reflected information in accordance with legislation and Department of Health and Social Service (DHSS) guidelines. The home's statement of purpose and resident guide, which is given to all residents on admission, contains information on how and to whom they can complain.

Staff who spoke with us demonstrated awareness of the complaints procedure including how to receive and deal with complaints. Records were made and available of complaints received. Records showed that no complaints had been received since the previous inspection.

The file for staff meetings indicated that staff meetings had not been held on a regular basis. Since commencing employment the manager has held one meeting on 13 June 2019. This is not in accordance with the Residential Care Homes Minimum Standard (25.8) as staff meetings should take place on a regular basis, at least quarterly, with minutes recorded that include date, names of staff in attendance, minutes of discussions and any actions agreed. This was identified as an area for improvement.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. No completed questionnaires were returned to RQIA.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to the monthly monitoring visits and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

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 care 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 applicable Care Standards.

<p>Area for improvement 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First</p> <p>To be completed by: 2 August 2019</p>	<p>The registered person shall develop a system for the tracking and monitoring of staff NISCC registrations.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A system is already in place and has operated successfully for a number of years. NISCC registration renewal dates are diarised and checked online.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that the environmental issues as cited within section 6.3 of this report are addressed including;</p> <p>Craigdene environment</p> <ul style="list-style-type: none"> • the coving in the kitchen, the work surface ,the fridge • cleaning the walls and skirting at the door leading to the kitchen • in depth cleaning the floor of shower in the ensuite bathroom in the downstairs bedroom beside the laundry • repair or replacement of the door in one identified bedroom • repair of the ceiling light in one identified bedroom <p>Fairview environment</p> <ul style="list-style-type: none"> • cleaning of the build-up of black residue at the entrance to a significant number to the doors on the ground floor • repair of the coving and the wall beside the toilet in one identified bedroom • repair of the wall behind the toilet in an identified bathroom on the first floor <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The fridge has been replaced and the other items have already been attended to or are scheduled to be completed before the end of October as part of the regular maintenance program.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 2 August 2019</p>	<p>The registered person shall ensure that the infection prevention and control risks as cited within section 6.3 of this report are addressed;</p> <ul style="list-style-type: none"> • pedal operated bins in the kitchen of Craigdene • wall mounted soap in the kitchen of Craigdene • Correct use of colour coding of cleaning equipment <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A replacement pedal bin has been purchased for Craigdene. The use of the incorrect mop in the kitchen at Craigdene was due to a</p>

	temporary failure to reorder sufficient supplies of all colours of mop – this has been reviewed and addressed by the registered manager. A wall mounted soap dispenser has been in place in the kitchen at Craigdene over the hand washing basin for many years and continues to be used on a daily basis.
Area for improvement 4 Ref: Standard 6.6 Stated: First time To be completed by: 2 August 2019	<p>The registered person shall ensure that risk assessments and comprehensive care plan are kept up to date.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All risk assessments are reviewed monthly and are up to date. A program of introducing a revised format of risk assessments (as discussed with the inspector) is underway and it is anticipated the new format will be in use for all residents by the end of November 2019.</p>
Area for improvement 5 Ref: Standard 13.9 Stated: First time To be completed by: 2 August 2019	<p>The registered person shall ensure that a record of all activities is maintained</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager is implementing enhanced recording of activities and this will be monitored as part of the Regulation 29 process.</p>
Area for improvement 6 Ref: Standard 20.11 Stated: First time To be completed by: 2 August 2019	<p>The registered person shall ensure that a copy of all monthly monitoring visits undertaken is available for inspection</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The format for recording regulation 29 visits was revised in May 2019 and documentation relating to earlier visits had accordingly been archived off site due to the limited storage space available within the homes. Documentation relating to all subsequent regulation 29 visits is available for inspection on site.</p>
Area for improvement 7 Ref: Standard 25.8 Stated: First time To be completed by: 2 August 2019	<p>The registered person shall ensure that staff meetings are held on a regular basis, at least quarterly, with minutes recorded and retained.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Noted and actioned accordingly.</p>

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



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