



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Fairview House  
**Establishment ID No:** 1128  
**Date of Inspection:** 7 April 2014  
**Inspector's Name:** John McAuley  
**Inspection No:** 17547

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**GENERAL INFORMATION**

<b>Name of Home:</b>	Fairview House
<b>Address:</b>	24 Trench Road Waterside Londonderry BT47 3UB
<b>Telephone Number:</b>	028 7134 5501
<b>E mail Address:</b>	grahamgwilkinson@gmail.com
<b>Registered Organisation/ Registered Provider:</b>	Charline Care Homes Ltd Mr Gordon Graham Wilkinson
<b>Registered Manager:</b>	Mrs Joan Burke
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Joan Burke
<b>Categories of Care:</b>	RC-LD ,RC-LD(E)
<b>Number of Registered Places:</b>	13
<b>Number of Residents Accommodated on Day of Inspection:</b>	6 plus 7 at day care placements
<b>Scale of Charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	19 November 2013 Announced inspection
<b>Date and time of inspection:</b>	7 April 2014 9.30am – 130pm
<b>Name of Inspector:</b>	Mr John McAuley

## **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. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## **INSPECTION FOCUS**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard 9 Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **PROFILE OF SERVICE**

Fairview House is a two-storey purpose adapted Residential Care Home situated in quiet countryside on the outskirts of Londonderry. The home occupies a shared site with Craigdene Residential Care Home.

In June 2012 the home changed ownership and both homes are now owned by Charline Care Homes Ltd. The registered provider is Mr Graham Wilkinson.

Fairview is registered to provide residential care to 13 adults, who have a learning disability including over 65's. The home also offers short-term respite beds. As the home does not have a lift it would not be suitable for a wheelchair user.

The home is comfortably furnished and is currently in the final stages of renovation work to upgrade facilities.

Fairview is supported by a dedicated manager Mrs Joan Burke, two senior care assistants and 10 care assistants, two of whom are employed as bank staff. All staff are registered with the Northern Ireland Social Care Council (N.I.S.C.C.).

## **SUMMARY**

This inspection to Fairview House was a secondary unannounced inspection conducted by an inspector from RQIA on 7 April 2014. The inspection took place on a Monday daytime period from 9.30am to 1.30pm.

During the inspection process the Registered Provider Mr Graham Wilkinson and the Registered Manager Mrs Joan Burke were both readily available for discussion and clarification, including verbal feedback of inspection findings.

The previous inspection to the home was an announced inspection on 19 November 2013. Review of the one requirement made on that occasion in relation to competency and capability assessments for the person in charge, has found that this has been attended to satisfactorily.

During this inspection, the inspector met with residents, staff, management and one visiting professional, reviewed relevant documentation and examined the general environment.

The focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care. Discussions with staff and management together with review of relevant documentation found evidence to confirm that the health and social care needs are met. This included in the progress records that issues of assessed needs have statements of care / treatment given with effect (s) of same. One recommendation has been made to devise and maintain an overall list and dates of multi-disciplinary contact with individual residents.

This standard has been overall assessed as compliant.

## **Other Areas Examined**

### **Stake holder consultation**

Discussions with residents, staff and one visiting professional at the time of this inspection were all positive. Residents in accordance with their capabilities confirmed / indicated that they were happy and content.

Staff spoke in positive terms about their roles and the provision of care, as did the visiting professional. The details of the stakeholder participation are discussed later in this report.

### **General environment**

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

One recommendation has been made in respect of elaborating on the risk assessment of radiators / hot surfaces as discussed later in this report.

### **Care practices**

At the time of this inspection, there were already a number of residents out in attendance at their day care placements. A further four residents were on the process of going to their day care placement, whilst two residents choose to reside in the home.

A friendly, relaxed atmosphere was in place, with staff interactions with residents found to be polite, friendly, warm and supportive.

The inspector would like to acknowledge the support and assistance received throughout this inspection process from residents, staff and management.

**FOLLOW-UP ON PREVIOUS ISSUES**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	20 (3)	<p>The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Reference to this is made in that the home must devise and put in place such an assessment for any member of staff with this responsibility.</p>	A competency and capability assessment tool has been devised and put in place with any member of staff with these responsibilities.	Compliant

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> A review of a sample of four residents' care records was carried out on this occasion. This review confirmed evidence of the contact details of the aligned healthcare professional for each resident.  Evidence was also in place to confirm that this process is maintained for any newly appointed residents.	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The inspector met with two members of staff on duty, other than the home's management at the time of this inspection.  Both these members of staff were able to convey knowledge and understanding of the general health and social care needs of residents accommodated. Discussions with staff on duty also revealed how their interventions promoted the health and well-being of residents. Examples of good practice were elaborated on, such as promotion of a relaxed, sociable, friendly environment, and how these impacted on the well-being of residents.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The registered manager was able to describe how the general health and welfare of residents is monitored and subsequent appropriate referrals to aligned healthcare professionals are made.  A review of residents' care records confirmed evidence that residents' general health and welfare is continually monitored and recorded in their progress reports. These reports contained evidence that any issues of assessed need have a corresponding statement of care / treatment given with effect (s) of same.	Compliant
<b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> A review of residents' care records confirmed that as appropriate the resident's representative was kept informed of health and social care appointments, and feedback from same.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> A record is maintained in the resident's progress records of the resident's contact and feedback from health and social care appointments.  A recommendation has been made to devise and put in place an overall record of individual resident's multi-disciplinary dates of contact. This provision will ease accessibility of such information which was not readily available in such an organised manner.	Substantially compliant
<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> General observations of care practices indicated evidence that residents' personal aids, equipment and appliances were maintained appropriately.	Compliant

## **ADDITIONAL AREAS EXAMINED**

### **Residents' views**

The inspector met with six residents in the home at the time of this inspection. In accordance with capabilities all confirmed / indicated that they were happy and content with their life in the home and their relationship with staff in the home.

Some of the comments made included statements such as:

"I love it here"

"I am very happy here, I like my room and I like the staff"

"There are no problems"

"Everyone is kind to me"

No concerns were expressed or indicated.

### **Staff views**

Other than the home's management, the inspector met with two members of staff on duty. Both spoke in positive terms about their roles and duties, the provision of care, teamwork and managerial support.

No concerns were expressed.

### **Accident / incident reports**

A review of these reports from the previous inspection found these to be maintained on a satisfactory basis.

### **Risk assessments**

A review of the risk assessments in place in relation to radiators / hot surfaces found that the information contained in these was basic and lacked overall detail. A recommendation has been made for these risk assessments to be revised to include the date of the assessment and the subsequent date of review, as well as detailed information in relation to the individual resident's fall risk and capability in relation to the risk of hot surfaces.

### **Visiting professional's views**

During this inspection the inspector had the opportunity to meet with a visiting professional. This person was the aligned care manager for a number of residents in the home and was subsequently a frequent visitor to it. This professional spoke with positive regard in respect of the provision of care, the professionalism of staff and the overall ambience received to be in place.

No concerns were expressed.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Provider Mr Graham Wilkinson and the Registered Manager Mrs Joan Burke, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

**Mr. John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with (the Registered Provider Mr Graham Wilkinson and the Registered Manager Mrs Joan Burke) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	9.5	<p>There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care services appointments, and referrals are made, if necessary, to the appropriate service.</p> <p>Reference to this is made in that the home should maintain an accessible record for each resident the dates they have attended or been seen by such services.</p>	Once	A separate record is now being maintained of such appointments etc, based on the draft supplied by the inspector.	7 May 2014
2.	28.5	<p>The registered person ensures that risk assessments are carried out for every area of work in liaison with relevant others. The significant findings of the risk assessments are recorded and action taken to manage identified risks.</p> <p>Reference to this is made in respect of the risk assessment with radiators / hot surfaces. These assessments need to include the date of the assessment and the date of review, and clear reference to the resident's fall risk and capability pertaining to this risk.</p>	Once	As discussed with the inspector on 7 April 2014, a review of our risk assessment practice and procedure was undertaken in January to March 2014. A new policy and procedure with supporting documentation had been drafted and a training programme / materials devised. We believe that these revisions address the issues identified by the inspector, i.e. : dates, dates of review, fall risks etc. Copies of the revised policy,	7 June 2014

				documentation and training materials are available on request. The first training session has now taken place, with the managers of both our homes taking part, along with some senior carers. All existing assessments are to be reviewed over the next 6 months using the new procedure etc. Those in respect of radiators / hot surfaces will be prioritised and it is anticipated these will be completed by the end of June 2014.	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rgia.org.uk](mailto:care.team@rgia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Joan Burke
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Graham Wilkinson

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	09/06/2014
Further information requested from provider			