

Unannounced Care Inspection Report

14 June 2016



Fairview & Craigdene Residential Care Home

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

Tel No: 02871342147

Inspector: John McAuley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Fairview & Craigdene Residential Care Home took place on 14 June 2016 from 11:00 to 14:30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One area for improvement was identified. This was a recommendation to revise and update the adult safeguarding policy and procedure to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) with the establishment of a safeguarding champion.

Is care effective?

No areas for improvement were identified with this domain.

Is care compassionate?

No areas for improvement were identified with this domain.

Is the service well led?

One area for improvement was identified. This was a recommendation to revise the accident recording form to include details of who was notified of the event and when.

The provision of management communication in the home through weekly meetings is an example of good practice. The effect of this was evident from discussions with the management team's knowledge and understanding of residents' care needs and care plans.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Michael Brothers the Registered Manager and Graham Wilkinson the Registered Provider, 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.

1.2 Actions/ enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Gordon Graham Wilkinson	Registered manager: Michael Brothers
Person in charge of the home at the time of inspection: Michael Brothers	Date manager registered: 10 February 2014
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 26
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 2 plus 24 residents at respective day care placements

3.0 Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with two residents, four staff members, the registered and the registered person.

Eight resident views, eight representative views and ten staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Four residents' care records
- Duty rota for week beginning 13 June 2016
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Staff recruitment records
- Accident and incidents records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

No areas were required to be followed up. However since 14 April 2016 Fairview and Craigdene residential homes have merged into one registered home.

4.2 Review of requirements and recommendations from the last care inspection dated 5 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19(1)(a) Schedule 3 (3)(k) Stated: First time To be completed by: 5 April 2016	A review must be implemented with staff on how progress records are maintained. This review needs to ensure that issues of residents' assessed needs are clearly and accurately recorded with a statement of care/ treatment given and effect of same.	Met
	The review must also examine the terminology and wording used in the progress records.	
	Action taken as confirmed during the inspection: Staff have been trained in recording of progress records. An inspection of four residents' care records found that issues of assessed need were recorded in detail with a statement of care / treatment given and effect of same.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with staff. Staffing levels have recently been reviewed to include the provision of a deputy manager in Fairview and in Craigdene.

Review of completed induction record and discussion with the registered manager and a recently appointed staff member evidenced that an induction programme was in place. This induction was relevant to specific roles and responsibilities and recorded in good detail.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A matrix of mandatory training received by staff was maintained.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of one recently appointed staff member's records found these to be maintained in an organised manner and in accordance with legislation.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure was dated 29 November 2014. This policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure did not include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) with the establishment of a safeguarding champion. A recommendation was made for this to be revised and updated accordingly. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered person and the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met.

There was no obvious restrictive care practices observed in the environment. Rather to this the home had an appearance of a homely environment akin to two large household settings.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, and communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was clean and tidy with a good standard of décor and furnishings being maintained.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The most recent fire safety risk assessment was in place dated 2 September 2015. A review of this assessment identified that the three recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually.

Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified. This was a recommendation to revise and update the adult safeguarding policy and procedure to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) with the establishment of a safeguarding champion.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager and staff established that the staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four residents' care records confirmed that these were maintained in line with the legislation and standards. They included up to date life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. A record of contact with resident representatives was maintained and was available for inspection. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. A clinical visit record was maintained which reflects all contacts with the multi-disciplinary team.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included

pre-admission information, multi-professional team reviews, monthly residents meetings, monthly staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Areas for improvement

No areas for improvement were identified with this domain.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A review of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with staff and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection the vast majority of residents were out in attendance at their respective day care placements.

Two residents were in the home. Discussions with these residents in accordance with their capabilities confirmed that they were happy and content with their life in the home and relationship with staff. Both residents appeared comfortable, content and at ease in their environment and interactions with staff.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

Discussion with staff confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Areas for improvement

No areas for improvement were identified with this domain.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/notifiable events was undertaken since the previous inspection. A recommendation was made to revise the accident recording form to include details of who was notified of the event and when. This could include RQIA, the resident's care manager and next of kin, as appropriate. Such recorded information would ease reference to same and increase governance of such events. The review of accidents and incidents did find that these were appropriately managed otherwise.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Two staff members had recently applied to undertake the QCF level five.

The registered person and his wife, Louise, are closely involved in the day to day management of the home. For example on the day of this inspection the registered person had undertaken a weekly management meeting with the registered manager and deputy managers.

The registered manager reported that he meets formally with the two deputy managers on a weekly place to discuss amongst other issues objectives for the week, progress and supervisory issues.

This provision of management communication in the home is good practice. The effect of this was evident from discussions with the management team's knowledge and understanding of residents' care needs and care plans.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. Discussions with the registered person and the registered manager identified that they both had understanding of their roles and responsibilities under the legislation.

The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

One area for improvement was identified. This was a recommendation to revise the accident recording form to include details of who was notified of the event and when.

The provision of management communication in the home through weekly meetings is an example of good practice. The effect of this was evident from discussions with the management team's knowledge and understanding of residents' care needs and care plans.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Michael Brother the Registered Manager and Graham Wilkinson the Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

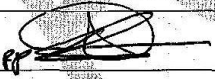

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's Office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 14 September 2016	The registered person should revise and update the adult safeguarding policy and procedure to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) with the establishment of a safeguarding champion. Response by registered person detailing the actions taken: <i>Please see letter attached.</i>
Recommendation 2 Ref: Standard 20.15 Stated: First time To be completed by: 14 July 2016	The registered person should revise the accident recording form to include details of who was notified of the event and when. Response by registered person detailing the actions taken: <i>Please see letter attached.</i>

Name of registered manager/person completing QIP	Michael Brothers		
Signature of registered manager/person completing QIP		Date completed	5/9/16
Name of registered provider approving QIP	Graham Wilkinson		
Signature of registered provider approving QIP		Date approved	5/9/16
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	

*Please ensure this document is completed in full and returned to RQIA's Office

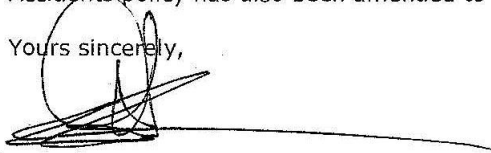
QIP response – Recommendation 1

A copy of our revised policy dated 5 September 2016 is attached. You will see this references Adult Safeguarding – Prevention and Protection in Partnership (July 2015) and makes clear that I have been nominated as Adult Safeguarding Champion for Fairview & Craigdene.

QIP response – Recommendation 1

A copy of our revised accident reporting form is attached. You will see that this now requires staff to consider whether other people should be notified etc. Our Accidents policy has also been amended to reflect this – see copy attached.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Graham Wilkinson', written over a horizontal line.

Graham Wilkinson



The Regulation and
Quality Improvement
Authority

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

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk



@RQIANews