



The **Regulation** and  
**Quality Improvement**  
Authority

Inspector: John McAuley  
Inspection ID: IN024135

Fairview House  
RQIA ID: 1128  
24 Trench Road  
Waterside  
Londonderry  
BT47 3UB

Tel: 02871345501

Email: [grahamgwilkinson@gmail.com](mailto:grahamgwilkinson@gmail.com)

---

**Unannounced Care Inspection  
of  
Fairview House**

**9 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 9 March 2016 from 10:30am to 2:15pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

One area of improvement was identified. This was in relation to training in epilepsy management and is set out in the Quality Improvement Plan (QIP) appended to this report.

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

### 1.1 Actions/ Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 1               |

The details of the QIP within this report were discussed with the Registered Person Graham Wilkinson and Registered Manager (acting) Michael Brothers as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

|  |   |
|--|---|
| <b>Registered Organisation/ Registered Person:</b><br>Gordon Graham Wilkinson                                  | <b>Registered Manager:</b><br>Joan Burke  |
| <b>Person in charge of the home at the time of inspection:</b><br>Michael Brothers Registered Manager (acting) | <b>Date Manager Registered:</b><br>Application has been submitted to RQIA for Michael Brothers to this role on March 2016 |
| <b>Categories of Care:</b><br>RC-LD, RC-LD(E)  | <b>Number of Registered Places:</b><br>13   |
| <b>Number of residents accommodated on day of inspection:</b><br>4 plus 9 residents at day care placements     | <b>Weekly tariff at time of inspection:</b><br>£470   |

### 3. Inspection Focus

The inspection sought to determine if the following standard has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/ Processes

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

- prior to inspection we analysed the following records; notification reports and previous inspection report
- during the inspection we met with six residents, two staff, the registered manager and the registered person
- we inspected the following records; residents' care records, monitoring reports, complaints records, quality assurance questionnaires, accident/ incident reports, and fire safety records

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 30 July 2015. The completed QIP was returned and approved by the inspector.

#### 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 30 July 2015

No requirements or recommendations resulted from this last inspection.

#### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

##### Is Care Safe? (Quality of Life)

Staff actively seek residents' views and comments and incorporate these into practice to ensure choices, issues of concern or risks are recorded and acted on.

In our discussions with residents in accordance with their capabilities, they confirmed that their views and comments were taken account of.

We inspected three residents' care records and found those residents' choices and preferences were recorded. The care plans inspected were signed by the resident and/ or their representative.

In discussions with the registered manager he confirmed that residents' meetings were held on a regular basis.

## Is Care Effective? (Quality of Management)

We found that there was a range of methods and processes in place where residents and their representatives' views are sought. This was reflected within the care management reviews, record of residents meetings, and registered provider monthly visits.

Residents reported to us that they would have no difficulty in reporting concerns or suggestions to management and felt confident that they would be listened to.

Staff confirmed that there is an open door policy within the home for residents and relatives who wish to highlight any issues. This open door policy was observed as practice during this inspection.

An inspection of the record of complaints together with discussions with the registered manager found that expressions of dissatisfaction were taken seriously and managed appropriately.

The registered provider's monthly visit reports amongst other issues gave account of discussions with residents and any visiting relatives.

## Is Care Compassionate? (Quality of Care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs. In our discussions with staff we identified that residents were listened to and responded to by staff.

Staff reported to us examples of how they incorporated their knowledge of values in their practice with residents. This included asking residents what they want at meal-times and choice of activity.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

## Areas for Improvement

There were no areas of improvement identified with this standard and it was found to be met. The overall assessment of this standard found it to be safe, effective and compassionate.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements:</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

### 5.4.1 Residents' Views

We met with six the residents in the home at the time of this inspection. In accordance with their capabilities, they expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

- "I like it here"
- "They are kind to me"
- "I have no problems. I like all the staff".

#### **5.4.2 Relatives' Views**

There were no visiting relatives in the home at the time of this inspection.

#### **5.4.3 Staff Views**

We met with two staff of various grades, as well as the registered manager and the registered person. Staff spoke on a positive basis about their duties, teamwork, training, managerial support and staff morale. Staff informed us that they felt a good standard of care was provided for.

#### **5.4.4 General Environment**

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

#### **5.4.6 Accident/ Incident Reports**

We inspected these reports from the previous inspection to date of this inspection. These were found to be appropriately managed and reported.

#### **5.4.6 Care Practices**

Throughout our discreet observations of care practices we observed residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place.

There was found to be no obvious restrictive care practices with residents found to be comfortable, content and at ease in their environment and interactions with staff.

#### **5.4.7 Staffing**

The staffing levels at the time of this inspection consisted of:

- 1 x registered manager
- 2 x senior care assistants

These levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home.

#### **5.4.8 Fire Safety**

Fire safety training including fire safety drills were maintained on an up to date basis.

The last fire safety risk assessment was on 2 September 2015. From discussions with the registered person it was confirmed that the three recommendations made from this assessment have been dealt with.

There was observed to be no obvious fire safety risks in the environment at the time of this inspection such as wedging opening fire safety doors.

### 5.4.9 Care Records

An inspection of three residents' care records was undertaken. These records were found to be maintained in an informative detailed manner.

During this review a training issue for staff was identified pertaining to one resident. This was in relation of the management and care of epilepsy. A recommendation has been made in this respect.

### Areas for Improvement

There was one area of improvement identified with these additional areas examined. This was in relation to the provision of training in the management of epilepsy. This recommendation has been appended to the attached Quality Improvement Plan.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements:</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>1</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Person Graham Wilkinson and Registered Manager (acting) Michael Brothers 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/ registered manager and 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. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) 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 home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

| Quality Improvement Plan                   |  |                       |        |
|--|--|-----------------------|--------|
| Recommendations                            |  |                       |        |
| <b>Recommendation 1</b>                    | Staff should receive training in the management and care of epilepsy.  |                       |        |
| <b>Ref:</b> Standard 23.4                  | <b>Response by Registered Person(s) detailing the actions taken:</b>   |                       |        |
| <b>Stated:</b> First time                  |  |                       |        |
| <b>To be completed by:</b><br>10 June 2016 | A workshop training session has been devised with the title " Dealing with epileptic seizures and fits." It incorporates a video presentation, review of our Policy and Procedure, and group discussion. A copy of the course outline material is attached to this QIP. All staff will participate in the workshop well before 10 June 2016. Our Policy & Procedure in this area was revised on 15 March 2016 to reflect the contents of the workshop, with the emphasis placed on dealing with tonic - clonic seizures. That focus is based on what we have identified as the the current needs of our residents. |                       |        |
| <b>Registered Manager completing QIP</b>   | Michael Brothers   | <b>Date completed</b> | 7.4.16 |
| <b>Registered Person approving QIP</b>     | Graham Wilkinson   | <b>Date approved</b>  | 7.4.16 |
| <b>RQIA Inspector assessing response</b>   | John McAuley   | <b>Date approved</b>  | 4.5.16 |

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**