



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Fairview House**

**30 July 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 30 July 2015 from 10:15am to 1:45pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/ Registered Person:</b> Gordon Graham Wilkinson	<b>Registered Manager:</b> Joan Burke
<b>Person in Charge of the Home at the Time of Inspection:</b> Linda Appleby Senior Care Assistant	<b>Date Manager Registered:</b> April 2005
<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> 12 plus 1 resident at work placement	<b>Weekly Tariff at Time of Inspection:</b> £470

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

#### **Methods/ Process**

Specific methods/ 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 all the residents, two staff and one visiting relative.
- We inspected the following records; three residents' care records, accident/ incident reports, fire safety records and policies and procedures and aligned guidance available to the standards inspected.

### 4. The Inspection

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

The previous inspection of the home was an announced inspection on 4 December 2014. The completed QIP was returned and approved by the inspector.

#### 4.2 No requirements or recommendations resulted from the last inspection.

#### 4.3 Standard 14: The death of a resident is respectfully handled as they would wish

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

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that although the occurrence of this need was very infrequent, they considered care as compassionate. Staff confirmed how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respects and are provided with support if needed.

Staff also explained to us that other residents would be informed in a sensitive manner of the death of a resident.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

##### **Is Care Effective? (Quality of Management)**

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for any resident who is receiving palliative care by district nursing services.

We inspected three residents' care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

##### **Is Care Compassionate? (Quality of Care)**

The home has a policy and procedure pertaining to death of a resident, as dated 17 July 2015. This policy and procedure guide and inform staff on this area of care. There is associated guidance available for staff.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need. Staff also advised us that there is a supported ethos with the management in the home.

##### **Areas for Improvement**

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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#### 4.4 Theme: Residents receive individual continence management and support

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

Staff have received training in continence management in their induction. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected three residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

##### Is Care Effective? (Quality of Management)

The home has a policy and procedure pertaining to the management of continence. There are also associated guidance and information available to staff.

Staff have received training in continence management in their programme of induction.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

##### Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private sensitive manner.

##### Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **Additional Areas Examined**

### **5.5.1 Residents' Views**

We met with all residents in the home. In accordance with their capabilities all 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 love my home”

“We are get on well”

“They are all good to me here“

“I love it here”.

### **5.5.2 Relatives' Views**

We met with one visiting relative. This relative was very complimentary about the provision of care and the kindness and support received from staff.

### **5.5.3 Staff Views**

We met with two staff of various grades. Both spoke on a positive basis about the workload, teamwork, training and managerial support. Staff informed us that they felt a good standard of care was provided for.

Eight staff questionnaires were distributed during this inspection for return.

### **5.5.4 Staffing**

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

- One senior care assistant and one care assistant

There was also available support from the registered manager of the nearby sister home (Craigdene Residential Care Home) who made himself available during this inspection.

These levels were found to be appropriate to meet the residents' needs, taking account of the layout of the home at the time of this inspection.

### **5.5.5 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.

Residents' bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

### **5.5.6 Accident/ Incident Reports**

We inspected these reports from May i2015. These were found to be appropriately managed and reported.

### **5.5.7 Care Practices**

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised. There was found to be a nice practice of teamwork with staff in place.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

No obvious restrictive practices were observed.

### **5.5.8 Fire Safety**

We reviewed the home's most recent fire safety risk assessment. An action plan was in place for recommendations made from this assessment.

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

The records of fire safety checks in the environment were well maintained.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

### **5.5.9 Complaints**

A review of the record of complaints together with discussions with the senior care assistant confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

#### **Areas for Improvement**

There were no areas of improvement identified with these additional areas inspected. The overall assessment of these additional area examined considered these to be compassionate, safe and effective.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager		Date Completed	
Registered Person		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please provide any additional comments or observations you may wish to make below:

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

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.





A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)