



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Fairways - Woodford Respite Project (11988)

Date of Inspection: 6 January 2015

Inspector's Name: Bronagh Duggan

Inspection No: IN017336

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of home:	Fairways – Woodford Respite Project
Address:	42 Woodford Park Coleraine BT51 3LJ
Telephone number:	028 70328009
Email address:	vderbyshire@fili.org.uk
Registered Organisation/ Registered Provider:	Fairways Independent Living Initiative Mr Robert Anthony Dunlop
Registered Manager:	Miss Victoria Derbyshire
Person in charge of the home at the time of inspection:	Miss Victoria Derbyshire
Categories of care:	RC - LD
Number of registered places:	3
Number of residents accommodated on day of Inspection:	1
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	3 July 2014 Secondary Unannounced Inspection
Date and time of inspection:	6 January 2015 10:45am – 4:30 pm
Name of Inspector:	Bronagh Duggan

2.0 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 primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with one resident
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	1
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	4	4

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have 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:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	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.
3 - Moving towards compliance	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.
4 - Substantially Compliant	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.
5 - Compliant	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.

7.0 Profile of service

Woodford Park Respite Project is situated in a residential estate on the outskirts of Coleraine. The home is within close proximity to local amenities.

The responsible person is Mr Tony Dunlop. Miss Victoria Derbyshire is registered manager of the home and has been registered manager for three years.

Accommodation for residents is provided in single rooms in a domestic style three bedroom bungalow, with discreet adaptations in place to meet residents' assessed needs.

The home provides respite care for up to three residents, although generally this is normally two residents at a time.

The home is registered to provide care for a maximum of three persons under the following categories of care:

Residential care

LD Learning Disability

8.0 Summary of Inspection

This primary unannounced care inspection of Fairways Woodford Respite Project was undertaken by Bronagh Duggan on 6 January 2015 between the hours of 10:45 am – 4:30 pm. Miss Victoria Derbyshire was available during the inspection and for verbal feedback at the conclusion of the inspection. Mr Tony Dunlop registered provider was also present during part of the inspection.

The requirements made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that one requirement relating to the administration of medications had been addressed, the requirement relating to the inclusion of a recent photograph in residents care plans has been restated. The detail of the actions taken by Miss Derbyshire can be viewed in the section following this summary.

Prior to the inspection Miss Derbyshire registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with one resident, and two staff members discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

The inspector can confirm that following an analysis of care records, additional policy documentation and observation of delivery of care that the home are assessed as being substantially compliant with the standard on responding to resident's behaviour and substantially compliant with the standard on programme of activities and events. Full details of the findings are recorded in the main body of the report.

During the course of the inspection the inspector met with one resident accessing the service, and staff. Some comments received by the resident are detailed below;

“I like coming here, it is a break for my family, and a break for me”

Four questionnaires were distributed and completed throughout the course of the inspection.

A number of additional areas were inspected. These included;

- Care Practices
- Environment
- Fire Safety
- Pre inspection returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, and vetting.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the resident with dignity and respect taking into account their views. The resident appeared relaxed and comfortable in the home.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and generally fresh smelling throughout. Décor and furnishings were found to be of a good standard. A recommendation is made that the carpet in an identified bedroom receives a deep clean as this was found to be stained.

Nine recommendations were made as a result of this inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the resident, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 3 July 2015

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Regulation 13.(4) (b) Ref. (9.2)	The registered manager must ensure that all medications are administered to residents as prescribed.	Discussion with staff, and review of records confirmed that medications are being administered to residents as prescribed.	Compliant
2.	Regulation 19.(1)(a) Schedule 3 (2) Ref.(10.6)	The registered manager must ensure there is a recent photograph included in the care plan of each resident who receives care in the home.	From four care plans reviewed during the inspection, two were found to include a recent photograph of the resident. This requirement is restated.	Moving towards compliance

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Each respite has a care plan provided by HSCT which details their usual behaviour and means of communication. As the service provides respite care for individuals who present with behaviours that challenge at times, and if such behaviour is of an intensity and frequency that necessitates the involvement of the Positive Behaviour Support Service (PBSS NHSCT), they will also have a Behaviour Assessment Summary, a Behaviour Intervention plan or a Behaviour Management plan and associated risk assessments in place. This information is shared with all staff prior to the respite admission in order that all staff are fully aware of the individuals behaviour needs and strategies staff should use when supporting the individual in order to achieve positive outcomes during their stay.	Compliant
Inspection Findings:	
<p>The home had a range of policies and procedures in place which included Managing Challenging Behaviour (2008), Use of Restrictive Physical Interventions (2009) and Deprivation of Liberty Safeguards and Human Rights (2014). A review of the information identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. A recommendation is made that the need to inform RQIA on any occasion restraint is used should be included. A recommendation is also made that all policies and procedures are subject to a systematic three yearly review. Observation of staff interactions, with one resident on the day of inspection, identified that informed values of dignity and respect and the implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Respect Training which included a human rights approach.</p>	Substantially Compliant

A review of five residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>Where a resident behaves in an uncharacteristic way which causes concern, management of the home will be notified. Families and HSCT named workers are notified at the earliest opportunity. If it is significant and the resident presents with risks to self or others, emergency advice may be sought from out of hours social work team, out of hours doctor and PSNI if necessary. Staff always attempt to understand the reason for any behaviour, in order that strategies can be developed to prevent re-occurrence. Staff are trained in RESPECT and part of this training involves teaching on understanding challenging behaviour and establishing any functions, antecedents or triggers for it's occurrence.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding the care / treatment for residents. One care plan reviewed showed that a referral had been made for specific behavioural support in 2013 by another agency; there was no information available in the residents records to confirm if this had been achieved. The need to follow this up was discussed with the registered manager to ascertain if the resident was accessing behaviour support services in the community, and if so this information would need to be shared with the respite service provider.</p>	<p>Substantially Compliant</p>

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>All staff approaches are in line with the strategies outlined in the residents care plan and/or behaviour management plans in order that staff work in a consistent manner. All agreed strategies detailed in plans of care are shared with the families of the resident. Any changes to care plans/risk assessments in relation to behavioural strategies are also agreed with the consent of the resident or their relative/representative as appropriate.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of five care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Three care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. Two care plans reviewed were not signed by relevant parties. A recommendation is made that care plans should be signed by the resident or where appropriate their representative, along with the person drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p>	<p>Compliant</p>

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All behaviour management plans, behaviour intervention plans or behaviour guidelines are devised and approved by the Positive Behaviour Support Service (NHSCT) following a period of assessment and engagement with the individual, their families and other professionals.	Compliant
Inspection Findings:	
<p>A review of the homes policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.</p> <p>A review of three behaviour management programmes identified that they had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under review.</p>	Compliant

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment All staff are provided with comprehensive training in the area of behaviour management through the RESPECT training programme and the organisations relevant policies (Policy on Managing Behaviour, Policy on the Use of Restrictive Physical Interventions and Deprivation of Liberty Safeguards Policy). These emphasise the need to adhere to agreed responses to behaviour of individuals by accessing, understanding and practising the strategies outlined in an individual's plans of care, including information provided on behaviour management and support. All staff are provided with all care plan information prior to admission and refer to the said information during the individual's stay. Where there are residents who exhibit behaviours that are deemed to be of particular risk of harm to self or others or particularly difficult to manage, the PBSS spend time at the home, working with the staff whilst the resident is present, in order to support them and advise staff in the agreed behavioural strategies. Attendance by PBSS at staff meetings may also be availed of on occasions.	Compliant
Inspection Findings: A review of staff training records evidenced that staff had received training in behaviours which challenge titled RESPECT in 2014; staff also completed training on Human Rights. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and de-brief sessions. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programmes in place.	Compliant

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>In the event that an incident is required to be managed outside the scope of the care plan or agreed behavioural guidelines, full details of the incident is recorded and reported to family, named HSCT worker and relevant involved professionals. Where necessary, multi disciplinary reviews of care plan and risk management planning meetings are convened and agreement made regarding any necessary amendments to the care plan.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from June 2014 to December 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA were usually appropriately notified. However it was noted that on two occasions notifiable incidents were not reported to RQIA the need for appropriate submission of all notifiable events was discussed with the registered manager.</p> <p>A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>Substantially Compliant</p>

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>The service was created to provide respite care for individuals with a learning disability who, at times, present with difficult to manage behaviours. Staff employ person centred proactive strategies that emphasise the importance of prevention and early intervention but are trained, if absolutely necessary, in the use of supportive physical interventions. All staff are trained in the use of RESPECT and are experienced in working with individuals who challenge. Residents are supported through appropriate supportive techniques, utilising the least restrictive option available to maintain the safety and comfort of the individuals and fellow residents. Where any restrictive practice may be deemed necessary, this is only done after full consultation with the service user, their relative/representative and the relevant trust professionals involved. All incidents of restraint are fully documented and forwarded to the trust and families informed.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>It was noted that the front door of the home had a secure locking system in place this was discussed with the registered manager and registered provider who confirmed that the use of this system was included in the home's statement of purpose. Two care plans reviewed included reference to the secure locking system and considered the impact on the residents' human rights balanced against the risks to the individual residents. A recommendation is made that all care plans should be reviewed to consider the use of this system for each resident on an individual basis.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	<p>Substantially Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Due to the nature of the project, all activities are planned for each individual resident at the beginning of their respite stay, taking into account , their likes,interests and capabilities. Activities are provided in line with interests outlined in the individuals careplans.	Compliant
Inspection Findings:	
<p>A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan within three of the care records. It was noted that the fourth care record did not include the residents preferred activities and interests. A review of records during the most recent stay for the identified resident showed that the resident had informed staff of being bored, it was also noted that the resident had exhibited a number of challenging behaviour episodes throughout their stay at the home. A recommendation is made that activities assessments should be completed for all residents who access the service to identify their needs, preferences and interests, this information should be used to help promote positive outcomes for residents throughout their stay.</p> <p>A further recommendation is made that a policy on the provision of a programme of activities and events should be developed for the home.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Moving towards compliance

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All activities take into account residents/ families preferences. These activities change according to any changing needs by the resident. Activities take into account their spiritual needs, according to their wishes. Many of the activities provided are outside of the home at local facilities such as shops, cinemas, golf, walks, restaurants etc. Our experience is that families/ residents enjoy these outings during respite away from the home.	Compliant
Inspection Findings:	
The registered manager and staff confirmed there is a strong emphasis on providing residents who use the service with opportunities to access local social and community events. Staff confirmed that a programme of activities and events is planned for each resident individually upon their admission to the home. Records were available to show activities and events that residents participate in during their stay these included going shopping, outings to the cinema, and restaurants etc.	Compliant

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Activity plans are devised in consultation with each individual resident or by using their care plan. Activities are only carried out if the resident wishes to do so.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Staff confirmed that a programme of activities and events is planned for each resident individually upon their admission to the home. Two care records reviewed contained this information.</p> <p>The inspector requested to see the planned programme of events for the resident accessing the service on the day of the inspection, the staff member informed the inspector that the resident had been admitted to the home the previous day however the activities programme had not yet been completed. A recommendation is made that residents are always consulted with upon admission to the home regarding their preferences for participation in activities and events throughout their stay.</p>	<p>Substantially Compliant</p>

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
An individual residents programme of activities, is displayed in written word or by pictures according to each individual resident.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was not recorded / displayed for the resident accessing the service. The registered manager informed the inspector display boards had been sourced, and were due to be erected in a central location in the home. This should be done forthwith.	Moving towards compliance

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff support residents with all activities and outings.	Compliant
Inspection Findings: The registered provider informed the inspector that residents are supported by staff to participate in a variety of local social and community events on a regular basis through the provision of a car by the home. The emphasis within the home is to promote community access for residents who use the service, this is commendable. A recommendation is however made that there should be some provision of equipment / resources within the home environment available on occasions when residents are not accessing community events as limited practical resources were observed in the home on the day of the inspection. See section 13.1	Substantially compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are planned, taking into account residents needs and abilities.	Compliant
Inspection Findings:	
The registered manager, staff and resident confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Due to the nature of the project, activities are not contracted-in at present.	Provider to complete
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not Applicable

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
At present, activities are not contracted-in.	Provider to complete
Inspection Findings:	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not Applicable

Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Daily records are kept for all residents and activities are recorded by staff.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The activity programme is completed at the beginning of each respite stay and therefore is reviewed regularly.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of records showed that activities were generally reviewed for residents at the beginning of each stay.</p> <p>See section 13.3</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>The resident who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially Compliant</p>
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11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with one resident who was accessing the service on the day of the inspection. The resident indicated/expressed that they were happy and content with their time in the home, services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I like coming here; it's a break for my family and a break for me"

11.2 Relatives/representative consultation

There were no visiting relatives or representatives to the home on the day of the inspection therefore it was not possible to collate their views.

11.3 Staff consultation/Questionnaires

The inspector spoke with three staff who would work at the project, and received four completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"Woodford Park provides a high standard of care to service users"

"I really enjoy working here; it's like a home from home"

11.4 Visiting professionals' consultation

There were no visiting professionals to the home on the day of the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with the resident. Staff interactions with the resident were observed to be respectful, polite, warm and supportive. The resident was observed to be relaxed and comfortable in their surroundings.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents who use the service provided by the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home and inspected bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. A recommendation is made that the carpet in the identified bedroom is deep cleaned to remove the evident staining. Décor and furnishings were found to be of a good standard.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector viewed the home's most recent fire safety risk assessment dated 19 November 2014.

A review of the fire safety records evidenced that fire training, had been provided to staff on 20 August 2014. The records also identified that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Miss Derbyshire registered manager. Miss Derbyshire confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Derbyshire 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Fairways - Woodford Respite Project (11988)

6 January 2015

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 Miss Victoria Derbyshire 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.

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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 19.(1)(a) Schedule 3 (2) Ref.(10.6)	The registered manager must ensure there is a recent photograph included in the care plan of each resident who receives care in the home.	Two	3 care plans still require a photograph and arrangements have been made for these to be in place prior to the residents' next respite stay.	28 April 2015

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	21.1	<p>A recommendation is made that the need to inform RQIA on any occasion restraint is used should be included in the homes policy and procedure regarding managing challenging behaviour and the use of restrictive physical interventions.</p> <p>Ref: 10.0, Criterion 21.1</p>	One	The relevant policy - 'use pf Physical Interventions', has been amended to include the requirement to notify RQIA on any occasion restraint is used.	31 March 2014
2.	21.5	<p>A recommendation is made that all policies and procedures used in the home should be subject to a systematic three yearly review.</p> <p>Ref: 10.0, Criterion 21.5</p>	One	All necessary policies are currently being reviewed.	26 May 2015
3.	6.3	<p>A recommendation is made that care plans should be signed by the resident or where appropriate their representative, along with the person drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <p>Ref:10.0, Criterion 6.3</p>	One	The home is currently working with the relevant HSC trust named workers to update care plans where necessary and ensure they are signed by the resident/representative and the Registered Manager of the home.	28 April 2015

4.	6.7	A recommendation is made that all care plans should be reviewed to consider the use of the secure locking system within the home for each resident on an individual basis. Ref: 10.0, Criterion 6.7	One	HSC trust named workers have been contacted and requested to review any care plans which do not currently consider the use of the secure locking system within the home. The home is still awaiting for some of these amended/reviewed care plans from HSC trust named workers.	31 March 2015
5.	13.1	A recommendation is made that activities assessments should be completed for all residents who access the service to identify their needs, preferences and interests. Ref; 10.0, Criterion 13.1	One	An activity assessment is currently being completed for all respite residents with involvement from resident, their representative/family and Woodford Park staff.	28 April 2015
6.	13.1	A recommendation is made that a policy on the provision of a programme of activities and events should be developed for the home.	One	This policy has been developed and is in place.	3 March 2015
7.	13.3	A recommendation is made that residents are always consulted with upon admission to the home regarding their preferences for participation in activities and events throughout their stay. Ref:10.0, Criterion 13.3	One	This occurs upon admission and plans are agreed and documented.	From the day of inspection and ongoing.

8.	13.5	<p>A recommendation is made that there should be some provision of equipment / resources within the home environment available on occasions when residents are not accessing community events.</p> <p>Ref: 10.0, Criterion 13.5</p>	One	<p>Additional activity resources such as DVD's, arts and crafts, games and baking equipment have been sourced and are in place for use of all respite residents.</p>	24 February 2015
9.	27.1	<p>A recommendation is made that the carpet in the identified bedroom is deep cleaned to remove the evident staining.</p> <p>Ref: 11.8</p>	One	<p>The carpet in questioned had been professionally cleaned twice but stain remained and a new carpet has now been fitted.</p>	From the day of inspection

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 email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Victoria Derbyshire
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Robert Anthony (Tony) Dunlop

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	8.3.15
Further information requested from provider			