

Announced Care Inspection Report 6 October 2020



Fairways - Woodford Respite Project

Type of Service: Residential Care Home
Address: 42 Woodford Park, Coleraine BT51 3LJ
Tel no: 028 7032 8009
Inspector: Debbie Wylie

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to three residents.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Fairways Woodford Ltd Responsible Individual: Robert Anthony (Tony) Dunlop | Registered Manager and date registered: Victoria Derbyshire 19 October 2012 |
| Person in charge at the time of inspection: Victoria Derbyshire | Number of registered places: 3 |
| Categories of care: Residential Care (RC) LD - Learning Disability | Total number of residents in the residential care home on the day of this inspection: 0 |

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection Prevention and Control (IPC)
- quality of life for residents
- care records
- quality improvement
- consultation.

The findings of this report will provide Fairways Woodford Respite Project with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Victoria Derbyshire, manager, 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.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed.

This included the following records:

- duty rotas
- Staff training records
- menus for August 2020
- activities planner from July to August 2020
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports for June to August 2020
- complaints and compliments records
- incident and accident analysis from October 2019 to August 2020
- minutes of residents' and staff meetings January to August 2020
- activity planner for July and August 2020
- one residents' care records.

During the inspection RQIA were able to consult with the manager and deputy manager using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' questionnaires, ten residents' relatives/representatives questionnaires and ten staff questionnaires were sent for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via ZOOM, with Victoria Derbyshire, manager.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 7 October 2019.

| Areas for improvement from the last care inspection | | |
|--|---|---------------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27.(4) (b) Stated: First time To be completed by: 8 October 2019 | The registered person shall ensure fire safety checks are maintained on an up to date basis. | Met |
| | Action taken as confirmed during the inspection: Review of the fire safety checks confirmed that they are maintained and up to date. | |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 8 Stated: First time | The registered person shall ensure records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others. | Met |
| | Action taken as confirmed during the inspection: Review of accident and incident records evidenced that they were recorded in accordance with legislative and professional requirements, included the action taken by staff and the reports made to others. | |
| Area for improvement 2 Ref: Standard 25.8 Stated: First time | The registered person shall ensure staff meetings take place on a regular basis and at least quarterly. Records are kept that include the date of the meetings, the names of those attending, minutes of discussions and any actions agreed. | Met |
| | Action taken as confirmed during the inspection: Review of the minutes of staff meetings confirmed that meetings were held regularly and included the date, names of attendees, minutes and actions agreed. | |

6.2 Inspection findings

6.2.1 Staffing

Review of the staff rota for the home confirmed that staffing levels were based on the dependency level of the residents in the home. Discussion with the manager confirmed that the staff duty rota reflected the staffing levels in the home, however, they did not identify who was in charge throughout the day. This was discussed with the manager and the person in charge in the home over a 24 hour period is to be added to the duty rota. An area for improvement was made.

Admissions to the home had been reduced due to the current COVID-19 pandemic. The manager also confirmed that staff had robust pre-employment checks carried out to ensure they were fit to work in the home. The manager informed us that all staff were aware of the adult safeguarding and whistleblowing procedure and how to deal with any concerns they identify in relation to working practices and residents' care.

Staff meetings were held to discuss any changes in the home. A record was provided and reviewed and showed the record of the meeting, those who attended and any actions required.

As part of the inspection we asked residents, family members and staff to provide us with comments on staffing levels via questionnaires. In total ten questionnaires were returned and indicated there were no concerns about staffing levels in the home.

6.2.2 Management arrangements

The management arrangements for the home were clear and documents reviewed prior to the inspection showed that management cover was provided in the home. Management on-call responsibilities were shared over the 24-hour period with contact numbers provided.

The manager of the home had not changed since the last care inspection and this was confirmed by the manager and evidenced on RQIA records.

6.2.3 Governance systems

Prior to the inspection we requested copies of the quality assurance audits. We reviewed audits for accidents and incidents, infections prevention and control, restrictive practices, care plans and wound care. The audits were well documented and completed regularly except wound care as there had been no wound care required in the home.

We also reviewed the record of complaint for the home for 2020 and evidenced that there had been no complaints received in the home.

The analysis of all accidents and incidents in the home confirmed that they had been reported to the appropriate authorities and had been documented appropriately.

The record of the monthly monitoring of the home was not provided for June July or August 2020. The service was closed during June 2020 however there were no records of monitoring of the home for July or August. This was discussed with the manager and an area for improvement was made.

The home is registered for three residents, however, there are only two bedrooms in use for residents and the third room is used by staff. This was discussed with the manager and requires a variation to be submitted to RQIA for the change in use for the third room. An area for improvement was made.

6.2.4 Infection Prevention and Control (IPC)

The manager confirmed that the home has remained free from COVID -19 throughout the pandemic. The home was clean and tidy and furnished to a high standard. Hand sanitising gel and an area for recording temperatures were available in the home. The bathroom and bedrooms were tidy however there was damage to furniture which required repair or replacement to allow for adequate cleaning. This was discussed with the manager and is to be repaired or replaced and will be reviewed at the next inspection.

There was clear evidence of appropriate hand hygiene and cleaning of the environment in the audit documents forwarded to RQIA. The manager confirmed that staff were monitored regularly to ensure IPC practices were adhered to.

6.2.5 Quality of life for residents

The home had a lovely outdoor seating area for residents to make use of when they wished. There was a garden around the home which was well maintained.

We reviewed the record of activities carried out in the home which included walking, playing cards, trips to town, trips in the car, cinema trips and watching movies. Resident's choice was respected and activities were discussed with the residents in the home and tailored to meet their requests.

Residents were provided with a wide choice of meals and included nutritious food groups as well as treats. Meals were planned for each individual resident who was staying in the home taking into account their preferences and choice.

6.2.6 Care Records

We reviewed resident's records including care plans and risk assessments. The records were up to date and documented the care needs of the resident and the action required to address any risks identified. Care records were reviewed in a timely manner and this was documented in the records. We reviewed the record for restrictive practice and saw that there were no actions required at present. Care plans were individualised to each resident and were based on the recorded assessed needs.

6.2.7 Quality improvement

No details for current or planned areas for improvement were submitted for review prior to or during this inspection.

6.2.8 Consultation

The home was notified of the inspection 28 days prior to the date of inspection and an inspection pack was sent to the home. The pack included an inspection poster which was displayed in the home to inform residents and their representatives of the contact number and e-mail address to provide us with feedback regarding care provision in the home. We did not receive any feedback.

Questionnaires were also provided for residents, their representatives and staff. Staff also had the opportunity to complete an online survey.

We received five residents and five staff questionnaires which confirmed that they were very satisfied that the home was providing safe, effective, compassionate and well led care.

A record of compliments received were retained in the home and shared with staff. Some comments included:

“Woodford Park is like a home away from home.”

“Staff are friendly. The Laundry is always ready when respite is over.”

“The staff are so friendly and welcoming...a very clean and homely unit. Very happy with the service.”

“Staff are knowledgeable, competent and well trained.”

Areas for improvement

Areas for improvement were identified including adding the person in charge in the home over a 24 hour period to the duty rota, completion of the monthly monitoring visits and report and a variation to the use of a bedroom for staff.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

6.3 Conclusion

The inspection feedback was positive overall and the home was well equipped for residents use. The person in charge of the home is to be identified on the duty rota. The Regulation 29 visits are to be completed monthly and a report documented and a variation to the registration is to be forwarded to RQIA if a bedroom is to be used for staff.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Victoria Derbyshire, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 29(3)(4)(c) Stated: First time To be completed by: 31 October 2020 | <p>The registered person shall ensure that the Regulation 29 report is completed in a robust manner and only contains information pertaining to Fairways - Woodford Respite Project residential care home.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The service will continue to ensure that all necessary information is included in the monthly Regulation 29 reports. However, following the request at this particular inspection, the report for the respite service will be completed separately from the supported living service for ease of reference.</p> |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 25 Stated: First time To be completed by: immediately from the date of inspection | <p>The registered person shall ensure there is a competent and capable person in charge of the home and a record of the person in charge of the home should be recorded over a 24 hour period.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Competency assessments are in place confirming that there is a competent and capable person in charge of the home. The rota will now specifically document the person in charge of the home over each 24 hour period.</p> |
| Area for improvement 2 Ref: Standard 27.11 Stated: First time To be completed by: 31 October 2020 | <p>The registered person shall ensure all changes of use to the registered building are approved by RQIA. This is in relation to the use of a bedroom by staff.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Change of use application has been made and approved by RQIA.</p> |

Please ensure this document is completed in full and returned via Web Portal



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