

# Inspection Report

24 February 2022



## Fairways – Woodford Respite Project

Type of service: Residential Care Home  
Address: 42 Woodford Park, Coleraine, BT51 3LJ  
Telephone number: 028 7032 8009

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

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|--|---|
| <b>Organisation/Registered Provider:</b><br>Fairways Woodford Ltd<br><br><b>Responsible Individual</b><br>Mr Robert Anthony Dunlop   | <b>Registered Manager:</b><br>Miss Victoria Jane Derbyshire<br><br><b>Date registered:</b><br>19 October 2012   |
| <b>Person in charge at the time of inspection:</b><br>Victoria Jane Derbyshire   | <b>Number of registered places:</b><br>2  |
| <b>Categories of care:</b><br>Residential Care (RC)<br>LD – Learning disability.   | <b>Number of residents accommodated in the residential care home on the day of this inspection:</b><br>No Residents were in the home on the day of inspection |
| <b>Brief description of the accommodation/how the service operates:</b><br>This home is a registered Residential Care Home which provides health and social care for up to two residents on a respite basis. |   |

## 2.0 Inspection summary

An unannounced inspection took place on 24 February 2022, from 10.30am to 4.00pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and there was a homely atmosphere.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

RQIA were assured that the delivery of care and service provided in Fairways Woodford Respite Project was safe, effective, compassionate and that the home was well led.

No new areas for improvement were identified as a result of this inspection.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Victoria Jane Derbyshire, Registered Manager, at the conclusion of the inspection.

### 4.0 What people told us about the service

Two staff were spoken with. Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

No comments were received from staff via the online survey. No questionnaires were received from relatives or residents.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 6 October 2020   |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005           |   | Validation of compliance |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Regulation 29 (3) (4)<br><b>Stated:</b> First time                    | 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. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   |                          |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1) |   | Validation of compliance |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Standard 25<br><b>Stated:</b> First time                              | 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.             | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 27.11<br><b>Stated:</b> First time                           | 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.  | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.   |                          |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Care records were regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements, and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

#### **5.2.4 Quality of Life for Residents**

Discussion with staff confirmed that residents were able to choose how they spent their day. For example residents could have a lie in, or spend time in the communal lounge or their bedroom.

There was a range of activities provided for residents by staff from outings, walks, arts and crafts to baking.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Miss Victoria Jane Derbyshire has been the Manager in this home since 19 October 2012.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

#### **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Victoria Jane Derbyshire, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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