

# Announced Premises Inspection Report 1 February 2017



## Fairways – Duncreggan

Type of service: Residential  
Address: Duncreggan, 10 Mark Street, Portrush, BT56 8BT  
Tel No: 028 7082 4287  
Inspector: Phil Cunningham

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Fairways – Duncreggan took place on 1 February 2017 from 10:00 to 12:00.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sonia Bradley, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent premises inspection on 10/02/14.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Robert Anthony Dunlop	<b>Registered manager:</b> Sonia Bradley
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<b>Person in charge of the home at the time of inspection:</b> Sonia Bradley	<b>Date manager registered:</b> Sonia Bradley 01/04/05
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 21

**3.0 Methods/processes**

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with the Registered Manager Sonia Bradley.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 02/06/16.**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector on 18/07/16. This QIP will be validated by the care inspector at the next inspection.

**4.2 Review of requirements and recommendations from the last Estates inspection dated 10/02/14.**

<b>Last premises inspection statutory requirements</b>		<b>Validation of compliance</b>
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (2)(c)	Carry out review of the home’s legionellae risk assessment in line with the approved code of practice L8 - The Control Of Legionellae Bacteria in Water Systems and implement any remedial measures identified as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Registered Manager confirmed that the action plan of the legionella risk assessment had been addressed. Assessment had been reviewed since the last inspection and no issues were identified for attention by the assessor.	

Last premises inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14 (2)(c)	In conjunction with item 1 above provide suitable training and instruction to relevant persons at the home in relation to their roles and activities in connection with the control of legionellae.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Registered Manager confirmed that relevant training had been provided by the specialist contractor.	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27 (4)(a)	Carryout remedial works to address the issues identified on the report of the fire risk assessment. This should include the provision of intumescent / smoke seals to all relevant fire doors. The provider should liaise with the fire risk assessor as appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Remedial works completed.	

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

## Areas for improvement

1. Records presented indicate that the servicing of the fire alarm and detection system by the specialist contractor is carried out annually. Recommendation 1 on the attached QIP refers.
2. Records presented indicate that the in-house function checks of the emergency lighting installation are not carried out fully in line with the provisions of BS5266. Recommendation 2 on the attached QIP refers.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sonia Bradley, home manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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.

## 5.1 Statutory requirements

No requirements were made as a result of this inspection.

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 29.2

**Stated:** First time

**To be completed by:**  
29 March 2017

The registered provider should review the servicing arrangements for the fire alarm and detection system in line with the provisions of BS5839. This should include service visits at intervals not exceeding six months

**Response by registered provider detailing the actions taken:**  
Servicing arrangements for the fire alarm and detection system have been reviewed. Service visits will now take place every six months.

#### Recommendation 2

**Ref:** Standard 29.2

**Stated:** First time

**To be completed by:**  
29 March 2017

The registered provider should review the arrangements for in-house function checks to the emergency lighting installation. These should be subjected to function checks on a monthly basis. Consideration should be given to the provision of suitable test facilities to enable staff to undertake this safely. The provider should liaise with the specialist contractor accordingly

**Response by registered provider detailing the actions taken:**  
The arrangements for in-house function checks to emergency lighting have been reviewed, and recommendations are now in place.



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