



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Fairways (1339)  
**Date of Inspection:** 4 September 2014  
**Inspector's Name:** Ruth Greer  
**Inspection No:** 17757

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of Home:</b>	Fairways
<b>Address:</b>	Duncreggan 10 Mark Street Portrush BT56 8BT
<b>Telephone Number:</b>	028 70824287
<b>E mail Address:</b>	sbradley@fili.org.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Brian Dunlop Mr Robert Anthony Dunlop
<b>Registered Manager:</b>	Mrs Sonia Bradley
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Bradley Mr Tony Dunlop was present for the beginning of the inspection
<b>Categories of Care:</b>	RC-LD ,RC-LD(E)
<b>Number of Registered Places:</b>	21
<b>Number of Residents Accommodated on Day of Inspection:</b>	20 1 resident was in hospital
<b>Scale of Charges (per week):</b>	As agreed by the funding Trust
<b>Date and type of previous inspection:</b>	21 January 2014 Primary Announced
<b>Date and time of inspection:</b>	4 September 2014 10:00 - 15:30
<b>Name of Inspector:</b>	Ruth Greer

## 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 announced 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
- Discussion with one relative
- Examination of records
- Observation of care delivery and care practice

- Discussions with staff
- Consultation with residents individually and with others in groups
- 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	12
Staff	5
Relatives	1
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	24	14

## 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:

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

Fairways, Residential Care home, Duncreggan is situated in the town of Portrush within the town boundaries and close to all amenities.

The residential home is owned and operated by Mr Brian and Mr Tony Dunlop. The current registered manager is Mrs Sonia Bradley.

Accommodation for residents is provided in seven single and seven double bedrooms on several floors. Access to the upper floors is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground and first floors.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 21 persons under the following categories of care:

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

## 8.0 Summary of Inspection

This primary announced care inspection of Duncreggan, was undertaken by Ruth Greer on 4 September 2014 between the hours of 10:00 and 15:30. Mrs Bradley, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Mrs Bradley completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Bradley in the self-assessment were not altered in any way by RQIA.

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

## **Inspection findings**

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had several policies and procedures in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used in the home and would only be considered as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. There was evidence that Mrs Bradley was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that the home was compliant with this standard. One recommendation has been made in regard to a review of one of the policies in relation to challenging behaviours.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. It should be noted that many residents in this home attend day care opportunities during the day. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that the home is compliant with this standard.

#### **Resident, one representative and staff consultation**

During the course of the inspection the inspector met with residents, one representative and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A relative indicated his satisfaction with the provision of care and life afforded to his relative and complimented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and one recommendation was made as a result of the primary announced 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 residents, one relative, 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 21 January 2014.**

No requirements or recommendations resulted from the primary announced inspection of Fairways which was undertaken on 21 January 2014.

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment</b>	
All employees receive training and induction on commencement of employment. This includes a comprehensive insight into each individual's resident's care plan. This provides an understanding of each resident's moods, behaviours and the individual's means of communication.	Compliant
<b>Inspection Findings:</b>	
<p>The home had three related policies in place. Deprivation of Liberty dated January 2014, Use of Interventions dated 2011 Mrs Bradley confirmed that this policy had been reviewed in 2014 and Managing Challenging Behaviours dated June 2009 this policy needs to be reviewed and, if necessary updated. A review of the policies and procedures identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies and procedures included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and knowledge of residents ensured 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. This takes the form of three days intensive training at induction and a one day annual refresher session. The training is titled RESPECT and provides training for staff in the recognition of triggers for challenging behaviour and identifies diversionary tactics. The refresher training days were last held in February 2014. The initial three day course was last held in March/April 2014.</p>	Compliant

<p>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.</p> <p>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. Staff confirmed that they had participated in RESPECT training.</p>	
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Staff monitor and respond to all uncharacteristic behaviour. Senior staff take appropriate action to rule out any health or pain matters. Incidents/events will be recorded within the care plan, and senior staff ensure good communication with all staff. When required relevant professionals/services are involved</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The policies and procedures examined included the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <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>	Compliant

<p>Observation of practice evidenced staff dealing with a resident (who did not have verbal communication) in a manner whereby their knowledge and ability correctly interpreted her behaviour and determined that she was unwell. Staff subsequent action was seen to calm and settle the resident.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with one relative confirmed that they had been informed appropriately.</p>	
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>When a resident requires a consistent approach this is approved and devised by a relevant professional. This is then included within the care plan.</p>	Compliant
<p><b>Inspection Findings:</b></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>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p> <p>At the commencement of each shift a handover period means that staff commencing and ending their shift can discuss the needs of each resident on that day and ensures a consistent approach to care.</p>	Compliant

<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Specific behaviour management plans have been devised by appropriate professionals. Plans form part of the care plan and staff are provided with training and induction concerning the same.</p>	Compliant
<b>Inspection Findings:</b>	
<p>One of the care plans examined contained a Behavioural Support Plan dated August 2014 devised and signed by the clinical psychologist and signed by all staff in the home as read and understood.</p> <p>One care plan contained an assessment on the Adaptive Behavioural Scale. The care plan highlighted the need for bedrails and had a risk assessment in place for their use. The bedrail assessment had been devised and signed by the community nurse and the resident's family representative.</p> <p>A review of the policies and procedures identified that they 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>	Compliant
<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Senior and management staff ensure all staff fully understand and can competently comply with any plan.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff and observation of the practice on the day indicated that they were knowledgeable in regard to the behaviour management programmes in place.</p>	Compliant

<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>When an incident is managed outside the scope of the care plan incident reports will be completed. Incidents are reported to the care manager and other professionals where appropriate.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the accident and incident records from the date of the last inspection to current and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of five care plans identified they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Staff and one relative 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>	Compliant
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Staff work in line with the devised restrictive intervention policy. On commencement of employment staff complete a three day RESPECT course, and yearly one day refresher thereafter. The training emphasises the need to prevent the use of restrictive interventions in the first place. The training encourages the use of preventative strategies at all times.</p>	Compliant

<b>Inspection Findings:</b>	
<p>Discussions with staff, visitors, professionals, 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>A review of the accident and incident records and residents’ care records identified that RQIA, Trust personnel and the resident’s representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident’s care plan.</p> <p>Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations. For example when restrictions on diet had been introduced due to a medical diagnosis.</p>	<p>Compliant</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activities are based on the resident capabilities and what is of interest to them.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy dated 6 January 2014 on the provision of activities. A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Each file examined contained a weekly individual programme of activities for that person.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activity programme has been devised according to the resident requests. The plan includes the spiritual needs of residents and changes according to the residents needs.	Compliant



<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised daily with individual residents. For example, word puzzles, drawing, jigsaws and music.</p> <p>One resident who spoke with the inspector confirmed that she was encouraged to attend her local church but that she normally declined as the service was “too long”.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events, for example Gateway and Christian Fellowship. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Several residents will refuse to participate in activities, and choose to spend time in their rooms. Staff continue to offer these residents the opportunity to be involved, this is included within the care plan.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. One resident prefers to stay in his room to watch John Wayne films. Staff facilitate this choice.</p> <p>Residents are given the opportunity to express their views by resident meetings, one to one discussions with staff and care management review meetings.</p>	Compliant

<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The programme of activities is displayed within the dining room. Each care plan includes individual programme of agreed activities.</p>	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs in pictorial and written forms.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Staff ensure support to all residents.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided for by designated care staff. Several residents enjoy assisting in the kitchen these activities are supervised by the cook.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included DVDs, games, jigsaws cosmetics etc.</p> <p>The registered manager confirmed that there is no specific budget set aside for the provision of activities. However the home funds parties for special occasions Christmas, Halloween and residents' birthdays.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Activities are planned considering the residents needs abilities.</p>	Compliant
<p><b>Inspection Findings:</b> The registered manager and residents 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.</p>	Compliant
<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Contracted activity providers have the necessary skills and abilities to do so.</p>	Compliant
<p><b>Inspection Findings:</b> The registered manager confirmed that "Music for Health" is employed to provide musical entertainment on a session basis.  The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Staff communicate changing needs or residents specific requests at all times.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity. No activities take place without a staff member present to monitor the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>The activity book is maintained on a daily basis.</p>	Compliant
<b>Inspection Findings:</b>	
<p>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. The record of activities provided was examined and found compliant with this criterion. However discussion took place with the manager on how the record could be further developed.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Residents views and input are sought during three monthly residents meeting and also during the yearly residents views meeting.</p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of the minutes of residents’ meetings showed that the programme had been reviewed on 3 March 2014 and 10 May 2014. A further meeting had been arranged for 9 September 2014 and activities were included on the agenda.</p> <p>The registered manager confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents 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><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with 10 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I like helping Kenny (cook) in the kitchen"
- "I like it here"
- "This is my day off (from day care) I like to sit with my feet up"
- "Me and X (another resident ) like to go to the town on Saturdays for coffee and a bun"

### 11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to his relative and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "They (staff) look after me as well as my daughter. I get my dinner with her every single day. There isn't a bad one in the whole (staff) group"

### 11.3 Staff consultation/Questionnaires

The inspector spoke with six staff of different grades and 14 staff 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:

- "I have worked in various care settings and the thing which impresses me about here is that the manager has always the best interest of residents at the heart of everything"
- "Residents are always treated well I have never seen anything but good care"
- "I have never seen any form of restraint used in this home "

### 11.4 Visiting professionals' consultation

There were no visiting professionals in the home on the day.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed. In reference to point 10.1 of this report, the inspector observed several interventions with residents who were unable to verbalise their needs and staff instinctively responded appropriately.

### **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 in 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 showed that one complaint had been received from the date of the previous inspection. The record of action taken evidenced that the complaint was 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 Mrs Bradley and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. 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 examined the home's most recent fire safety risk assessment dated 20 January 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 11 and 16 April 2014 and 17 and 18 June 2014. The records also identified that an evacuation/drill had been undertaken on all of these dates and that different fire alarms are tested weekly with records retained. It is commendable practice that fire training was provided for residents only on 5 July 2014. 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 Mrs Bradley. Mrs Bradley 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 Mrs Sonia Bradley, 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:

**Ruth Greer**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Fairways

**4 September 2014**

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 Mrs Bradley 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.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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	Standard 21.5 Reference 10.1 in this report	Policies and procedures should be reviewed as a minimum three yearly.	Once	The policy manual has been updated and reviewed.	Immediate and on going

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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Sonia Bradley
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Tony Dunlop

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	YES	Ruth Greer	20 10 14
Further information requested from provider			