

Unannounced Care Inspection Report 2 June 2016



Fairways Duncreggan

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www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Fairways residential care home took place on 2 June 2016 from 10.00 to 14.45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements and one recommendation were made in regard to safe care. The recommendation was in relation to the development of the competency and capability assessment records for staff who manage the home in the absence of the registered manager. There were examples of good practice found throughout the inspection in relation to staff induction, training, and supervision. The home's arrangements for the implementation of new adult safeguarding protocols are commendable.

Is care effective?

No requirements and no recommendations were made in regard to effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication with residents, their representatives and other stakeholders.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of compassionate care on the day in the inspector's observation of how staff responded to one resident who sustained a fall, one resident who was unwell and was being cared for in bed and in the staff discussions.

Is the service well led?

No requirements or recommendations were made in regard to well led care. There were many examples of robust processes in place in relation to governance. The registered manager, the registered person and all senior staff have adopted a proactive approach to continual quality assurance within the home which is commendable. There were comprehensive records of continual internal audits available for inspection.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Sonia Bradley registered manager and Tony Dunlop registered person 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Tony Dunlop	Registered manager: Sonia Bradley
Person in charge of the home at the time of inspection: Sonia Bradley	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 21
Weekly tariffs at time of inspection: £ 494 - £550	Number of residents accommodated at the time of inspection: 20

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the previous inspection and notifications of accidents and incidents. During the inspection the inspector met with eight residents, two care staff, one catering staff, one domestic staff, one administrator and one resident's representative.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and appraisal
- Competency and capability assessments
- Fire safety records
- Record of complaints
- Record of accidents/incidents
- Monthly monitoring reports
- Staff training records
- Staff recruitment file
- Management audits and quality assurance systems
- The policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 October 2015

The most recent inspection of Fairways was an unannounced care inspection. There were no requirements or recommendations made as a result of the inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 October 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Fairways provide residential care for adults with a learning disability and for those with mental ill health. On the day of the inspection an additional member of staff was on duty to provide care for one resident who was unwell. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

Registered manager x 1
 Care staff x 4
 Catering x 1
 Domestic staff x 2
 Administrative staff x 2
 Driver x 1

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed. The review of the assessments showed that these included a teaching element in that senior staff are trained in and share responsibility for undertaking internal quality audits. A recommendation was made that the assessments should also specifically record the staff member's competency and capability in managing the home in the absence of the registered manager.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and a review of the personnel file of a recently recruited staff member confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were sought by the registered manager for all staff prior to the commencement of employment. Records showed that the disclosure information was maintained and stored appropriately.

Arrangements were in place to monitor the registration status of staff with their professional body. This was also checked at supervision and by the registered provider as part of his monthly monitoring visits.

The adult safeguarding policies and procedures in place had been revised in May 2016 to include current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established a safeguarding champion. The registered manager had devised a workbook for staff based on the new regional safeguarding guidance. The workbook contained a copy of the new protocol and subsequent questions for staff. A copy was seen in care staff development files and the workbook was being used at supervision to share information and assess staff knowledge and learning. This is a commendable initiative.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The training was delivered by representatives of PSNI and the Trust who were involved with the implementation of the new regional protocol.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms communal lounges, bathrooms. The majority of residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Records showed that separate daily, weekly and kitchen schedules were in place.

Review of the infection prevention and control (IPC) policy and procedure dated 29 July 2015 confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities in August 2015. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. There was evidence that the registered manager had recently arranged a multi-disciplinary review in respect of a resident whose needs could no longer be met in the home. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge dated June 2014 confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that areas of restrictive practice were employed within the home, notably keypad entry systems, lap belts and bed rails. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. The manager had also identified that some agreed care programmes may themselves be viewed as restrictive practice. For example residents with specific needs in regard to food intake, due to a medical diagnosis, were restricted from entering the kitchen un supervised. There was a risk assessment in place in the care file of the resident(s) concerned.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

Discussion with the registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce any risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 22 May 2015 identified that no recommendations had been made. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment was reviewed by an outside company on 5 August 2015. Fire alarm systems, emergency lighting and means of escape were checked weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area of improvement was identified during the inspection. This related to the development of the competency and capability assessment records for staff who manage the home in the absence of the registered manager.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection. For example senior staff undertake a monthly written audit of the care files. The manager audits all falls/accidents in the home monthly and forwards her written audit to the registered person. There was evidence that actions identified for improvement, as a result of the audits, were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one relative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and representatives. Minutes of residents meetings held on 30 January 2016 and 18 April 2016 showed that all aspects of care within the home were discussed.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. For example information was readily available in relation to the Client and Patient Council.

Areas for improvement

No areas for improvement were identified during the inspection. The domain of effective care is assessed as good.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Observation of interactions between residents and staff demonstrated that residents were treated with dignity, respect and care. Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate, in discussion with the inspector, how residents' confidentiality was protected.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Several residents were at day care facilities and one resident is supported to maintain a part time job. Arrangements were in place for residents to maintain links with their friends, families and wider community. One example was provided by a relative who visits daily and is provided with meals by the home. The relative told the inspector that he is "treated like a king and I don't even live here".

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. In discussion with the staff they provided many examples of compassionate care. One of which was when a resident was recently in hospital and the home's staff visited daily to ensure his needs were fully met by people he knew and trusted. This is commendable practice. In discussion with the resident he told the inspector that he didn't like being in hospital and "I am really glad to be home again" Discussion with staff, residents and one representative. Observation of practice included the staff response to a resident who sustained a fall during the inspection and a resident who was being cared for in bed due to ill health. This confirmed that residents' needs were recognised and responded to in a prompt, courteous and very compassionate manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out annually and included a customer satisfaction questionnaire. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents and one representative confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents. These were found to be robust and comprehensive.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, and leaflets which were seen to be readily available in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff was provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example the home provides three days R.E.S.P.E.C.T. training as part of all new staff induction and annually thereafter.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was evidence of managerial staff being provided with additional training in governance and leadership. Records showed that training on supervision and quality assurance measures was provided for senior staff. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered person identified that *he* had understanding of *his* role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home, visited most days and was fully involved with all aspects of the care provided

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. This had been reviewed and up dated to incorporate elements of the new safeguarding protocol. This is commendable. Discussion with staff established that they were knowledgeable regarding the policy and procedure.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management operated an open door policy. One staff member gave an example of when she had raised an area she “wasn’t sure about” with the manager. The staff member confirmed that this had been taken seriously and addressed appropriately.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sonia Bradley registered manager and Tony Dunlop registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2016</p>	<p>The registered person should review and amend the records of staff competency and capability assessments to specifically show that the staff member is assessed fit to manage the home in the absence of the manager.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Records have been reviewed and amended to include staffs competency and capabilities in managing the home in the absence of the registered manager.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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