



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 2 December 2019



## Fairways – Duncreggan

**Type of Service: Residential Care Home**

**Address: Duncreggan, 10 Mark Street, Portrush BT56 8BT**

**Tel no: 02870824287**

**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 21 residents within the categories of care as reflected within section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Fairways Duncreggan Ltd  <b>Responsible Individual:</b> Robert Anthony Dunlop	<b>Registered Manager and date registered:</b> Sonia Bradley 1 April 2005
<b>Person in charge at the time of inspection:</b> Sonia Bradley	<b>Number of registered places:</b> 21 comprising:  RC – LD (E) RC - LD
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 20

### 4.0 Inspection summary

An unannounced inspection took place on 2 December 2019 from 11.15 hours to 16.00 hours.

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

Evidence of good practice was found in relation to how residents are treated with dignity and respect, fully involved in decisions affecting their treatment, care and support. Other areas include: record keeping, audits and reviews, communication between residents, staff and other key stakeholders

One area identified for improvement related to care review.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others / with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 4.2 Action/enforcement taken following the most recent inspection dated 4 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 March 2019. No further actions were required to be taken following the most recent inspection on 4 March 2019.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home which included registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 25 November to 2 December 2019
- staff training schedule and training records
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports October / November 2019
- RQIA registration certificate

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

The findings of the inspection were provided to Sonia Bradley, manager, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 4 March 2019

There were no areas made for improvement as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

On arrival at the home we observed residents in various areas of the home. All were up washed, dressed and had breakfast. Several residents left the home with a care staff member to attend organised day care. Remaining residents were observed to be content and relaxed. The atmosphere within the home was warm and welcoming.

The manager explained that the current staffing levels were based on the number and dependency levels of residents accommodated, layout of the home and fire safety. The manager and staff confirmed that staffing levels, which were kept under review, were satisfactory in meeting the needs of residents accommodated. The manager also explained that relief staff and permanent staff, who were able, would work additional hours to provide cover when necessary. We could see throughout the day that there was always sufficient staff to respond to the needs of residents. No issues or concerns were raised from the manager, staff, residents and one relative in regard to staffing.

Competency and capability assessments were in place for staff who would be in charge when the manager is out of the home.

The manager had a system for the monitoring of staff registrations with Northern Ireland Social Care Council (NISCC). This was discussed and the record reviewed. The manager agreed to include the annual retention fee within the template in use.

One staff recruitment record reviewed contained all necessary documents including Access NI clearance. Staff told us they completed an induction relevant to their roles and responsibilities.

Discussion with staff confirmed that they felt well supported in their work and that they could approach the manager at any time. A system was in place for managing staff supervision and appraisal in accordance with good practice and Residential Minimum Care Standards. Senior care assistants were supervised by the manager and care assistants by senior care assistants. Records of supervisions were retained.

The programme of staff training in place included mandatory training and additional training to meet the assessed needs of residents. Staff spoke positively about the training provided and the time afforded by management to carry this out.

The manager explained that all staff had received training in Mental Health Capacity Act - Deprivation of Liberty (DoLS) with the exception of two staff who would complete the training end of week commencing 2 December 2019. The restrictive practices in place included, for example; front door security and bed rail use. Risk assessments in place for the residents' safety had been agreed by the commissioning trust.

Staff who spoke with us demonstrated knowledge and understanding of adult safeguarding in accordance with their role. The manager, who is the champion for adult safeguarding, was able to describe how safeguarding referrals were made to the trust, who to contact and retention of associated records. The manager advised there were no current safeguarding issues / referrals and that she was the safeguarding champion for the home. The manager advised that the annual safeguarding position statement had been developed.

An inspection of the environment was undertaken. We could see that the home was clean, tidy, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were personalised with items of memorabilia displayed. Communal areas were appropriately decorated and furnished. There was evidence of the measures in place for prevent and control of infection, which included appropriate waste disposal, disposable aprons and gloves, liquid hand soap, hand sanitiser and notices on hand hygiene displayed.

The home's fire risk assessment was dated 8 August 2019. Recommendations for improvement had been addressed, signed and dated. Fire doors were closed and exits clear of obstruction.

Staff and residents who spoke with us gave positive feedback on the care provide. No issues or concerns were expressed or indicated. Some comments made included:

- "The residents are safe; there is good care provided." (staff)
- "Staff are always available, they are friendly and approachable." (relative)
- "I like it here, the staff are good." (resident)
- "We are provided with mandatory training which we all undertake."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	0



## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We reviewed three care records which included; life histories, needs assessments which were complemented with risk assessments, person centred care plans, progress notes and daily statements of the health and well-being of the resident. Assessments reviewed had been updated on a regular annual basis or more frequently if changes occur. Risk assessments included; manual handling, falls and dysphasia. A review of care plans should be undertaken to ensure these are dated, signed by the resident or their representative and staff member. The manager explained that this was a work in progress. One area discussed with the manager related to care reviews. Most residents had their care reviewed during the past year, however a care management review of one resident was found to be overdue. The manager readily agreed to follow this up with the trust.

The holistic, actual and potential needs of residents reflected within care plans included for example; personal care, assistance with washing and dressing, mobilising, oral hygiene, hair and nail care, wearing and management of hearing aids / spectacles, dietary needs, potential urinary tract infection, social and therapeutic interventions including spiritual needs. The views and preferences of residents in regard to care and life in the home was reflected in various areas within care records.

Records viewed reflected evidence of community nursing interventions and other health professionals, for example; general practitioner (GP) speech and language (SALT), dentist and optician. Systems were in place for monitoring the frequency of residents' health screening for dental, optometry, podiatry and other health and social care service appointments and referrals were made, if necessary to the appropriate service.

Records of residents' weights were retained. Weights were undertaken on a monthly basis or more frequently if required. Referral would be made to the GP if there was excessive weight loss or gain for onward referral to the dietician if deemed necessary by the GP.

We observed and staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met; for example, residents choose their preferred meal each day, time they liked to go to bed and rise and activities and attendance at social events.

The manager advised there were arrangements in place to monitor, audit and review the effectiveness of the quality of care delivered to residents at appropriate intervals. Audits included direct observation of practical interventions; communication / interpersonal staff with resident, hand washing, equipment use / cleanliness, fall management, complaints, health and safety – training methods, appraisals, care and support. The manager advised that appropriate action was taken, if necessary, to address issues arising.

Discussion with the manager and staff confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings, staff supervision, appraisals and staff handovers reports at each shift change.

Staff advised that the manager operated an “open door” approach to everyone and that they felt at ease when communicating any issues with her.

Feedback from residents, staff and one relative were positive in regard to the effectiveness of care. No issues or concerns were raised or indicated.

- “We have a good staff team here who all pull together when required.” (staff)
- “Care is amazing, I love working here.” (staff)
- “Im very happy with the care here.” (relative)
- “The staff see we are well looked after.” (resident)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders

**Areas for improvement**

One area identified for improvement related to the care management review of one resident.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The atmosphere throughout the home was calm, encouraging and good humoured. Residents had various degrees of learning disability and those who were able to comprehend gave positive feedback on the caring support, respect and encouragement that staff provided. Other residents were calm and relaxed with no aimless wandering around the home. Each resident was observed involved in various activity with staff actively encouraging involvement. Residents were observed to relate positively to staff and to each other.

Residents who were able to verbally communicate confirmed that staff listen and encouraged them to take part in their chosen activity. Staff told us that the activity programmes are worked out with the residents’ agreement and there was evidence of changes being introduced in order to maintain people’s interest and involvement. Residents commented on their enjoyment in the activities provided. These included:

- “Every one of the staff is good.”
- “Staff are kind and help us to do and make things.”

The manager explained that satisfaction with the service was determined by way of several methods including; resident / representative satisfaction surveys, care reviews, residents meetings and monthly quality monitoring meetings when interviews with residents, staff and visitors (if available on the day of the visit). Areas identified for improvement from surveys



conducted would be actioned to ensure on quality improvement was made in as far as was possible.

The manager advised that the development of the home’s annual quality report was a work in progress. This will be reviewed at the next inspection to the home.

The home provides a four weekly rotating seasonal menu which was observed to be varied and nutritious with choice of main meals offered. Special diets were provided as prescribed by the dietician or SALT. The main meal of the day is served in the evening as several residents attend day care Monday to Friday each week. The mid- day light lunch meal served during the inspection consisted of a choice of soup / cheese board or beans and a roll alongside drinks. Seconds was available if desired. Records of food taken were recorded so that the dietary needs of residents can be monitored and reviewed if necessary by staff. Residents told us they the food provided was good and how much they were looking forward to getting turkey and all the fun they have at Christmas.

A range of therapeutic and social activity is provided for residents. The programme was displayed in pictorial format to remind residents of the agreed plans. Activities for the week included, story- telling, music sessions, board games arts and outings. Spiritual needs are accommodated by way of attendance at the churches. Residents told us of attendance at various social events attended in Portrush during the year and how much they looked forward to seeing all the people coming to town.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

**Areas for improvement**

No areas for improvement were identified within this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The manager explained she was supported in her role at operational level by a mixed skill team of care and ancillary staff. Administrative support is also provided. Management support is provided by the responsible person who visits the home on a regular basis.

The manager confirmed that the current staffing levels were satisfactory in meeting the category of care needs of residents accommodated and that the current placement of residents was appropriate. The community nurse is contacted should nursing intervention be required. The

nursing intervention and care plan for one resident was discussed with the manager who readily agreed to follow this up with the care manager.

Discussion with the manager and staff alongside a review of a range of records, including for example; staff meetings, staff supervision and appraisal schedules, staff training, accident / incidents, audits and monthly monitoring review reports provided evidence that effective leadership and management arrangements were in place within the home.

The home's current RQIA registration certificate and liability insurance certificate were displayed in an appropriate position within the home. Manuals of policies and procedures were observed to be readily available to staff. Policies and procedures were not examined during this inspection; however staff demonstrated good knowledge and understanding of key topics such as adult safeguarding and infection, prevention and control.

Discussion with the manager and staff alongside review of staff training records evidenced that mandatory training and additional training specific to meeting the needs of residents living with a learning disability was evident.

Complaints records were reviewed and discussed with the manager. Records retained were considered to be satisfactory with resolution recorded. Staff demonstrated understanding of the importance to report any complaint or dissatisfaction with the service to the manager and how information from complaints would be used to improve the quality of the service. Reference on how to complain was reflected within the home's statement of purpose and resident guide.

Staff commentated that the manager's leadership style was supportive and that all staff were expected to take appropriate responsibility for the provision of a quality service. Staff explained that if any issues or concerns arose they would not hesitate to report this to the senior care assistant or the manager.

Monthly monitoring reports (October 2019 and November 2019) were reviewed. These were noted to be comprehensive with resident and staff views recorded. Follow up actions taken were documented.

### **Areas of good practice**

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships

### **Areas for improvement**

No areas for improvement were identified within this domaine.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

### Quality Improvement Plan

#### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a care management review of one resident is undertaken.</p> <p>Ref: 6.4</p>
<p><b>To be completed by:</b> 31 December 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> A care management review has been arranged for the 27<sup>th</sup> jan 2020</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care