



# Unannounced Follow-up Care Inspection Report 4 March 2019



## Fairways - Duncreggan

**Type of Service: Residential Care Home**  
**Address: Duncreggan, 10 Mark Street, Portrush BT56 8BT**  
**Tel No: 02870824287**  
**Inspector: Marie-Claire Quinn**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 21 beds that provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Fairways Duncreggan Ltd  <b>Responsible Individuals:</b> Robert Anthony Dunlop	<b>Registered Manager:</b> Sonia Bradley
<b>Person in charge at the time of inspection:</b> Sonia Bradley	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 21

### 4.0 Inspection summary

An unannounced inspection took place on 4 March 2019 from 10.20 to 14.20 hours.

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

The following areas were examined during the inspection:

- environment
- fire safety
- staffing levels, training and induction
- continence care
- adult safeguarding

Residents said they liked living in the home and that staff were nice to them.

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

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sonia Bradley, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 May 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report; the returned QIP; and any correspondence between RQIA and the home since the previous inspection.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and met with six residents. The comments provided to the lay assessor are included within this report.

During the inspection the inspector and lay assessor met with the registered manager, six residents and four staff. The inspector also observed the interactions between residents and staff throughout the inspection.

Several questionnaires and 'Sorry We Missed You' cards were provided by the inspector, to enable residents and their relatives to provide further feedback following the inspection. A poster advised staff of how they could also provide feedback to RQIA. No responses were received within the agreed timeframe.

The following records were examined during the inspection:

- the care records of four residents
- staff training matrix 2018-2019
- induction records of three staff who had commenced employment since the last inspection
- fire safety records
- annual Quality Survey report 1 December 2018
- minutes of residents' meetings 7 April 2018; 13 August 2018; and 24 November 2018
- minutes of staff meetings 12 April 2018; 9 August 2018; and 14 November 2018

Areas for improvement 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 the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 29 January 2019

The most recent inspection of the home was an announced finance inspection. There were no areas for improvement identified.

### 6.2 Review of areas for improvement from the last care inspection dated 8 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered person shall ensure that internal fire doors are not wedged open.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> See Section 6.3	

## 6.3 Inspection findings

### Environment

The home was clean, tidy and warm. There was a quiet atmosphere in the home; some residents had left to attend day opportunities. The home has two lounges and a sun room, all of which were decorated to a good standard. Some residents were relaxing in the lounge; other residents preferred to sit in their bedrooms, and enjoyed watching TV or listening to music. Bedrooms were individualised to reflect the personality and interests of the resident. Residents who were unable to verbalise their thoughts and feelings presented as calm and content in the home.

Six residents agreed to speak to the lay assessor. Those with limited verbal communication were supported to express their views through the use of pictorial easy read questionnaires. All six residents confirmed they felt safe in the home, that staff were kind, that the care was good, and that the home was well organised. Specific comments from residents included:

- “Staff very good, I’m fond of everyone here.”
- “Staff are kind.”
- “Staff very good and kind to me.”
- “It’s a second home for me, I enjoy my stay here.”
- “I like living here among all my friends and staff. It’s great fun and interesting.”

Residents who spoke with the inspector confirmed they were happy living in the home as they had plenty of friends and the staff were great. During the lunch time meal, residents were positive about the food provided and appeared to be enjoying their lunch of quiche and salad.

Compliments from residents' families were displayed in the home thanking the staff for their hard work, commitment and the care and love they give to residents. Staff were described as "exemplary...ambassadors in caring...I can rest easy knowing (my relative) is looked after to the highest standard anyone could ask for."

Observation of staff practice confirmed they adhered to infection prevention and control (IPC) policy and standards. However, it was noted that the pull cords for lighting in bathrooms did not have a wipe-able sheath and the peddle bin in the staff bathroom was broken. Another minor improvement to promote safe practices in the home was identified as the cords for the blinds in the dining room were not securely attached to the wall. When these were highlighted to the registered manager, she advised these would all be addressed immediately. This was promptly confirmed electronically to RQIA following the inspection.

### **Fire safety**

On the day of inspection, the inspector did not observe any fire doors being wedged open. The registered manager advised that one door had received an automatic closer to address the risk identified at the previous inspection. Staff had been reminded of their role and responsibility in relation to maintaining fire safety. In addition, all staff had received updated fire training.

Review of fire safety records confirmed that the home's fire safety policy had been reviewed on 27 October 2018. The home's fire risk assessment had been reviewed on 5 July 2018 and the home reported all identified issues had been addressed. Fire alarm tests were to be completed monthly, and were last tested on 9 February 2019. Discussion with staff confirmed they had received fire training which they described as preventative and practical.

### **Staffing levels**

The registered manager confirmed that the home was adequately staffed to meet the needs of the residents' at all times. This was monitored through regular reviews of residents' dependency levels and use of the CAPE (Clifton Assessment Procedures for the Elderly) scoring tool. During busier periods, such as morning routines, the home has ensured one additional member of care staff starts their shift an hour early, to support night staff.

During the inspection, staff did not appear rushed or flustered. They were responsive, calm and caring in their interactions with residents. Any signs of discomfort, confusion or distress were promptly addressed. Residents who required individual care were supported throughout the day, for example, some residents required support to walk to the dining room for the lunch time meal.

The home had recently recruited several new members of staff to cover maternity leave. Discussion with staff confirmed that this had been beneficial and that they currently felt that there was sufficient staffing in the home to meet the needs of the residents.

Feedback in the Annual Quality Survey report on 1 December 2018 was positive. Comments from residents and their families included: "Residents are content...families can visit at any time...up beat atmosphere...loving home...it's a second home."

Discussion with staff confirmed there were good working relationships in the home and they enjoyed working there. Staff advised they take pride in their work and in the quality of care provided in the home: "I've worked here over twenty years and the residents are always put first...We promote independence where possible."

## **Training and Induction**

Review of the induction record of three members of staff confirmed this was completed in a timely manner. Induction records were in line with Northern Ireland Social Care Council (NISCC) guidelines. The induction process included observation of practice, such as use of hoists, hand hygiene and maintenance of personal care. Discussion with senior staff confirmed that observation of practice was embedded into daily practice as staff are provided with both formal and informal feedback to ensure that a high standard of care is maintained at all times.

Review of staff training matrix and discussion with the registered manager confirmed that all staff had completed their mandatory training. In addition to mandatory training, staff also received training in relation to the specific needs of residents, such as Makaton, epilepsy, diabetes, human rights and dysphagia.

Discussion with staff confirmed that they felt they had received adequate training, induction and support. Comments included: "You don't just do things on your own, you have to learn...training is 100%, you're not just pushed into work."

## **Continence care**

Discussion with the registered manager and staff confirmed that the home maintained ample continence management supplies. An initial assessment of continence needs is completed at the point of admission to the home, and reviewed in response to any changing needs. Review of records confirmed this was reviewed and documented throughout the day.

Residents were observed to be supported with toileting needs throughout the day. There was a schedule in place to ensure this was reviewed at regular intervals; staff sign to confirm when a resident has been supported with personal care. Senior support workers review this at the end of each shift. It was positive to note that observation of practice confirmed that staff were responsive and flexible regarding individual needs; frequency of staff intervention depended on the needs of the resident. Staff were observed to be proactive in monitoring and addressing the continence needs of residents, and support was provided in a private and discreet manner. Residents presented as clean, comfortable and relaxed in their surroundings.

Review of the care records of four residents confirmed that there were detailed assessments and care plans in place for continence management. This was reviewed on a minimum of monthly basis. Care plans identified how residents may indicate the need for continence care verbally and/or non-verbally; for example, how a resident's behaviour may change if they are uncomfortable or in pain. This enabled staff to respond to need, and when necessary, referrals were made to relevant multi-disciplinary professionals.

Discussion with staff confirmed they had a good understanding of the importance of ensuring continence care was met promptly and efficiently and how this was essential to ensure the physical health, comfort and dignity of residents.

The registered manager and staff discussed the systems in place to deliver skin care and monitor skin integrity. Any changes noted to the condition of residents' skin were addressed, recorded and monitored and this was confirmed in the care records examined. Staff highlighted

that good skin integrity was an indicator that continence needs were being effectively managed: “We are maintaining good standards...with the level of care being provided here, it would be obvious if things were not being done.”

## Adult Safeguarding

The registered manager confirmed that any adult safeguarding concerns were clearly documented. Any incidents or concerns were referred to relevant agencies and the registered manager discussed her contact with the trust to monitor and manage this.

An area of good practice was identified in relation to the home’s use of an adult safeguarding training workbook. This was used in addition to mandatory adult safeguarding training, and provided staff with an opportunity to refresh their knowledge and understanding of their roles and responsibilities.

Additional learning opportunities were provided during staff meetings. Review of the minutes of the staff meeting on 14 November 2018 confirmed there had been a discussion regarding staff’s duties and responsibilities under Adult Safeguarding, including a review of the home’s whistleblowing and complaints policies. Comments from staff at this meeting included: “I have been in many a care home and this is one of the best...this is a good home and the residents are well cared for.”

Care records also emphasised staff’s duty to maintain the safety, comfort, privacy and dignity of residents at all times. For example, in communication care plans, staff were reminded that where residents did not have verbal communication, that staff must advocate on their behalf. Care records included the minutes of residents’ annual care reviews. These reviews included feedback from the resident, family members and involved professionals regarding the care provided in the home. It was positive to note that of the four care reviews examined, no issues were raised regarding the care being provided in the home.

Review of residents’ meeting minutes confirmed that residents were supported and encouraged to express any issues or concerns to staff. Residents had advised staff that they were happy, and would tell staff if they were unhappy.

Staff discussed how they incorporated their adult safeguarding into daily practice. Discussion with staff confirmed they had an understanding of their obligations and responsibilities to ensure the safety and health of residents in the home. Staff stated they had no concerns about the care provided in the home, and if they did, they would not hesitate to raise these with management: “I know if it was my family and they weren’t being looked after, I would want somebody to do something.” Staff expressed confidence in the registered manager, Sonia, who was described as approachable, supportive and responsive: “Sonia is a really good manager.”

## Areas of good practice

There was evidence of good practice in relation to the compassionate, person centred care provided in the home, the rapport between staff and residents and the homely environment.

## Areas for improvement

No areas for improvement were identified during this inspection.

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



## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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