

Inspection Report

9 March 2022



Fairways - Duncreggan

Type of service: Residential Care Home
Address: Duncreggan, 10 Mark Street, Portrush, BT56 8BT
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Fairways Duncreggan Ltd Responsible Individual: Mr Robert Anthony Dunlop	Registered Manager: Mrs Sonia Bradley Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Sonia Bradley	Number of registered places: 21
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 15
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 21 residents who are living with a learning disability. The home is over three floors with resident bedrooms located on all three floors. Residents have access to communal lounges, a dining room and outside space.	

2.0 Inspection summary

An unannounced inspection took place on 9 March 2022, from 10.20 am to 3.40 pm by a care inspector.

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

Residents were seen to be well cared for and said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Duncreggan.

The staff members promoted the dignity and well-being of the residents and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

There were no areas of improvement identified during this inspection.

RQIA was assured that the delivery of care and service provided in Duncreggan was effective and compassionate and that the home was well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Sonia Bradley, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Four staff, one relative, six residents individually and others in groups were spoken with. Residents said that they felt well cared for, enjoyed the food and that staff were helpful and friendly. A relative commented very positively about the care delivery and the level of communication from staff, they commented on how welcoming the staff always are when they visit.

There were five questionnaires returned from residents. All the respondents were satisfied with the overall provision of care in Duncreggan.

Staff said that the manager was approachable, there was good teamwork and that they felt supported in their role. There was no response from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Dunceggan was undertaken on 4 June 2021 by a pharmacy inspector.

Areas for improvement from the last inspection on 4 June 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 31 Stated: Second time	The registered provider should ensure that new entries on personal medication records and handwritten entries on printed medication administration records are checked for accuracy and signed by two competent members of staff.	Met
	Action taken as confirmed during the inspection: A review of medication records confirmed this area for improvement has been met.	
Area for improvement 2 Ref: Standard 31	The registered provider should ensure that eye preparations prescribed for residents are administered as prescribed. Records of administration should be fully and accurately completed.	Met
	Action taken as confirmed during the inspection: A review of medication records confirmed this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients and that the required information was included in recruitment records. Staff members were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), resident moving and handling and fire safety. A training matrix was maintained to monitor staff compliance with training.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC). It was discussed how the current spreadsheet in use by the home should be updated to include new staff working in the home and that this check should be done on at least a monthly basis, the Manager agreed to review her current system in place for NISCC checks. This will be followed up on a future inspection.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Review of the current duty rota did not differentiate groups of staff, for example domestic, care and kitchen staff was listed together, it also was not clear who was in charge of the home. These findings were discussed with the Manager who reviewed and revised the rota before the end of the inspection to a more suitable and easily read format. The Manager gave assurance this duty rota format would be used going forward.

Staff said teamwork was good and that the Manager was approachable. Staff members were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

Staff members were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff members were seen to seek residents' consent when delivering care. We observed residents able to walk around freely around the home.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff members spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We observed that there is significant refurbishment underway in the home. This includes the redecoration and replacement of furniture and carpet in a number of bedrooms.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed on 19 October 2021. Any areas for improvement identified had been appropriately addressed by the Manager.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place. We observed some residents engaged in puzzles, while others were colouring and watching television.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection. Mrs Sonia Bradley has been the Registered Manager in this home since 2005.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by the responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents were supported by staff to have meaning and purpose in their daily life in Duncreggan; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents. Staff responded to the needs of the residents and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sonia Bradley, Registered Manager.



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