



The Regulation and
Quality Improvement
Authority

Fairways - Duncreggan
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10 Mark Street
Portrush
BT56 8BT

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**Unannounced Care Inspection
of
Fairways – Duncreggan**

12 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 12 May 2015 from 9.45 to 14.45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Tony Dunlop	Registered Manager: Sonia Bradley
Person in Charge of the Home at the Time of Inspection: Mrs Julie Ramsey senior care assistant	Date Manager Registered: Mrs Bradley has been manager of the home since July 1995
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 21
Number of Residents Accommodated on Day of Inspection: 21	Weekly Tariff at Time of Inspection: £426 - £528

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

During the inspection we met with 12 residents, two care staff, a senior care staff and one relative. The registered provider, Mr T Dunlop was present at the beginning of the inspection.

We inspected the following records:

- Policy on death and dying
- Policy on continence management
- Accident/incident records
- Complaints records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 11 November 2014. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last Care inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 21.5	Policies and procedures should be reviewed as a minimum three yearly.	Met
	A number of policies, randomly selected for inspection, were found to be up to date.	

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed health care needs which prevent this. We were informed that there have been several residents in the past who have received end of life care and died in the home. Staff who spoke with us described their role in caring for residents who are ill. Staff demonstrated knowledge of how to care for a seriously ill residents and the importance of hydration/diet and pain control. This is especially important for many of the residents who would be unable to verbalise how they are feeling. Staff advised us that they were aware of when to contact the GP and/or nurse and of the importance of keeping families regularly updated on the resident's condition.

Is Care Effective? (Quality of Management)

We inspected the home's policy on death and dying dated 11 May 2015. The policy was robust and gave clear instructions to staff in the event of a resident's death. The policy contained reference to the DHSSP strategy document "Living Matters Dying Matters" The induction for new staff contains an element on care for the dying resident. We were advised that after death a resident may remain in the home for a period of time to facilitate family and friends to pay their last respects. Following the funeral the resident's belongings are packed and the bedroom is "held" until the family collect the possessions. The next of kin for each resident is identified in the care file. There were end of life wishes and preferences recorded in the care files we examined and several residents had funeral plans in place.

Is Care Compassionate? (Quality of Care)

When a death of a resident occurs the other residents are informed sensitively in small groups or individually. Residents who wish may attend the funeral. There have been occasions when staff have accompanied residents to visit residents who are in hospital. Priests and ministers are informed when any resident becomes seriously unwell. Spiritual preferences are recorded in the care files and we noted that 8 residents attend church weekly. Recordings of the Sunday service are provided for residents who are unable to attend. Staff we interviewed and whose practice we observed showed a caring and compassionate approach.

Areas for Improvement

There are no areas of improvement identified with this standard. The overall assessment of the standard is that care is compassionate, safe and effective.

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

Residents who had been assessed as incontinent have a care plan devised with the input of the community nurse. The care plan was reviewed annually unless any changes occur. The nurse provides on going advice and support if required. The home has a policy on the management of continence dated May 2015. We inspected the care files of those residents who have been assessed as requiring continence management. Each file contained an individualised assessment and a plan of care was in place to manage this need.

Is Care Effective? (Quality of Management)

Management undertake a monthly evaluation of the skin integrity of all residents who have continence needs and the result is recorded in the care files. Incontinence products are ordered three monthly and are individual to meet the specific assessed need of each resident. There is no restriction on the use of protective aprons and gloves for staff. Hand sanitising products were available throughout the home. Incontinence products are disposed of in line with infection control guidelines.

Is Care Compassionate? (Quality of Care)

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. They gave various examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet private manner. There was evidence that there is a good standard of continence management in the home which is person centred, underpinned by informed values and delivered with compassion.

Areas for Improvement

In relation to the theme of managing continence there were no areas identified for improvement.

Number of Requirements	0	Number Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents Views

We spoke with residents who were relaxing in their bedrooms and communal areas of the home. Residents stated that they are happy in the home. Residents who were unable to verbalise their views showed an ease in their surroundings and a good rapport with staff.

Residents comments include –

“I’m glad I moved here I like it”

“I’m going out with staff soon for my birthday I get 2 cakes”

“The staff are good to me”

“Staff have helped me with my healthy eating”

5.5.2 Relatives Views

We spoke with one relative who said that he remains “delighted” with the care provided to his family member. The relative said that he is always welcome and spends long periods in the home. The relative described the staff as “angels.”

5.5.3 Staff levels/Staff views

On the day of this inspection the following staff were on duty –

Senior care assistant x 1

Care assistant x 2

Catering x1

Domestic x 1

Administrator x 1

This is considered satisfactory to meet the needs and numbers of persons accommodated

We spoke to all staff on duty and in private with 2 care staff. Staff confirmed that they had received a comprehensive induction programme and ongoing training on a regular basis. Staff were knowledgeable about the residents in their care and demonstrated a caring and compassionate approach when describing their daily work. One staff member had previous experience of working in a care home and stated that Fairways was “a really good home” one staff member said “If I can make one resident’s life better even for five minutes then I have done a good job.” Staff confirmed to us that they have not seen any poor practice in the home.

5.5.4 Environment

The home's internal environment was found to be clean, well-furnished and in good decorative order. Shared bed rooms have privacy screens in place. Communal areas are homely and welcoming. There were no hazards noted on our inspection of the premises.

5.5.5 Fire Awareness

The home's fire risk assessment in line with HTM84 was completed on 20 January 2015. It was confirmed to us that the 4 recommendations made by the assessments had been actioned. Fire training was last held in the home on 26 April 2015. The fire alarm system is checked weekly from a different zone and the outcome recorded.

5.5.6 Complaints

One complaint has been received since the previous inspection. Records showed that this had been dealt with satisfactorily.

5.5.7 Accidents/incidents

We reviewed the accident/incident record which showed that accident and incidents were managed correctly. Outside assistance was sought when required and all external organisations, including families, were informed.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Sonia Bradley	Date Completed	19.06.15
Registered Person	Tony Dunlop	Date Approved	19.06.15
RQIA Inspector Assessing Response	Alice McTavish	Date Approved	22 July 2015

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.