

Inspection Report

19 January 2024



Fairways - Duncreggan

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Fairways Duncreggan Ltd	Registered Manager: Mrs Sonia Bradley
Responsible Individual: Mr Robert Anthony Dunlop	Date registered: 1 April 2005
Person in charge at the time of inspection: Ms Sarah Toner	Number of registered places: 15
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: 14
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 15 residents. 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 19 January 2024 from 10.00 am to 4.00 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of residents' and carried out their work in a compassionate manner.

Residents' 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.

As a result of this inspection, two areas for improvement were identified. Please see the Quality Improvement Plan (QIP) in section 6 for further details.

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, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow residents and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

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

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

4.0 What people told us about the service

Residents spoke positively about the care that they received. One resident said, "its very good". Residents also commented positively on the food and their interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow residents, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. Seven questionnaires were returned from residents with positive comments included. The responses indicated a high level of satisfaction with the care and services provided. There were four responses returned from staff indicating a high level of satisfaction with positive comments included.

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 Fairways Duncreggan was undertaken on 22 February 2023 by a care inspector; no areas for improvement were identified.

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents.

Review of records provided assurances that a system was in place to ensure all relevant staff were either registered or in the process of registering with the Northern Ireland Social Care Council (NISCC). One member of staff was noted to not have registered in a timely manner, however, assurance was provided by the manager following the inspection that this had been addressed; an area for improvement was identified.

The duty rota identified the staff working in the home over a 24-hour period and identified the person in charge when the manager was not on duty. Review of a sample of records confirmed that competency and capability assessments were undertaken for staff members who had responsibility of being in charge of the home.

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. There were systems in place to ensure staff were trained and supported to do their job, however, review of records evidenced that not all staff had undertaken manual handling training prior to commencing in post; an area for improvement was identified.

Staff were seen to attend to residents' needs in a timely manner, and residents' were offered choices throughout the day.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. A menu was provided to inform residents of the meals and choice available. It was observed that residents were enjoying their meal and dining experience. Staff

made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Residents commented positively about the quality and choice of meals.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Discussion with staff and review of records evidenced that protocols were available for the management of falls within the home.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was tidy and warm. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of homely touches such as snacks and drinks being made available throughout the day.

Fire exits were observed to be free of clutter and obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control 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. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were retained.

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.

Discussion with residents confirmed that they were able to choose how they spent their day.

It was observed that staff ensured a social atmosphere in communal areas with the television playing.

Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents were observed to be pleasant, polite, friendly and warm. Staff recognised the importance of maintaining good communication with families and visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in management of the home since the last inspection. Mrs Sonia Bradley has been the manager in this home since 30 October 2005.

Staff members were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

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

There was a system in place to manage complaints.

The home was visited each month by the registered provider 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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**

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sarah Toner, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (6) Stated: First time To be completed by: Immediate and ongoing (19 January 2024)	<p>The registered person shall ensure all staff (where applicable) are registered with the Northern Ireland Social Care Council (NISCC) within the expected timeframes.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Member of staff application has been processed and they have been included on the NISCC register.</p>
Area for improvement 2 Ref: Regulation 20 (c) (i) Stated: First time To be completed by: Immediate and ongoing (19 January 2024)	<p>The registered person shall ensure that newly employed staff members receive manual handling training as part of their induction.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Member of staff has now completed manual handling training.</p>

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



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