



Announced Care Inspection Report 21 September 2020



Fairways – Duncreggan

Type of Service: Residential Care Home
Address: Duncreggan, 10 Mark Street, Portrush BT56 8BT
Tel no: 028 7082 4287
Inspector: Nora Curran

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 residential care home registered to provide residential care for up to 21 residents.

3.0 Service details

Organisation/Registered Provider: Fairways Duncreggan Ltd Responsible Individual: Robert Anthony Dunlop	Registered Manager and date registered: Sonia Bradley - 1 April 2005
Person in charge at the time of inspection: Sonia Bradley	Number of registered places: 21 comprising: RC – LD (E) RC - LD LD, LD (E) with associated physical disabilities
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 17

4.0 Inspection summary

An announced inspection took place on 21 September 2020 from 09:40 to 13:10 hrs. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for residents
- Quality improvement.

Residents said:

- “Their staff are friendly and I have good friends here.”
- “It’s up to date to a good standard.”

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rota on the day of inspection
- Statement of purpose
- Service User guide
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Minutes of residents' and staff meetings
- Activity planner
- Three residents' nutritional care records
- Menus from July 2020.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten patients' questionnaires and ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We received five completed relatives' questionnaires within the time frame allocated. Their feedback has been included in this report, along with the feedback provided by those on the day of the inspection.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Sonia Bradley, Manager.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 2 December 2019.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 11.1 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure that a care management review of one resident is undertaken. Ref: 6.4	Met
	Action taken as confirmed during the inspection: A full multidisciplinary care review had taken place since the last inspection.	

6.2 Inspection findings

6.2.1 Staffing

On commencement of the inspection the manager confirmed the staffing levels and skill mix over the 24 hr period, and explained that they determined the staffing by completing the Clifton Assessment Procedures for Elderly (CAPE) tool on a monthly basis, or more often if required.

Due to the Covid-19 pandemic and the additional duties such as enhanced cleaning of touchpoints several times a day, care assistant hours had been increased in the evenings to assist with continued cleaning after the domestic staff finished shift. This arrangement was ongoing and was reviewed weekly.

Recruitment and selection policies and procedures were in place to ensure the home operated in line with employment legislation. The manager displayed oversight of this with a recruitment checklist which was commenced for all new staff pre-employment and completed at induction. Measures were in place to ensure all required documents and checks were compliant before induction. There were also systems in place to monitor relevant staffs' registration with Northern Ireland Social Care Council (NISCC). And while some registration fees and renewals had been placed on hold as part of NISCC response to the pandemic, the manager monitored this closely and was aware of when staffs' fee and renewal dates were due.

There was a matrix in place to monitor staffs' compliance with mandatory training and this was tracked by the manager. While some face to face training had been cancelled or postponed due to the pandemic, some in-house face to face training was able to continue with smaller groups for social distancing. Staff spoken with indicated that they were happy with the amount of training provided and that this was sufficient in assisting them you carry out their roles with knowledge and skill.

There was evidence of regular consultation with staff through meetings; records of which were available for review. Sufficient time was allocated at shift changes for handover.

No concerns were raised by residents, staff or relatives in relation to staffing arrangements and all returned questionnaires indicated that they were very satisfied that the care provided was safe and compassionate.

Residents told us:

- "They are very good."
- "It's a nice place, I love it."
- "There is enough of them and they are very good."

Relatives told us:

- "I am fully satisfied with the care."
- "I feel the care is effective."
- "Duncreggan is an excellent facility and my relative is extremely happy there."
- "(My relative) feels safe and secure and she too can talk comfortably with any staff...I'm always informed of any changes in medication and reasons for change and notified if she has any appointments with doctor or dentist."
- "I personally feel that the home is lucky to have such a caring staff and I am comfortable having chats with the staff from the most senior to the juniors, and better still they take extra time to listen to (my relative)."
- "Great care is given to protect (my relative)."

Staff told us:

- "We have good (staffing) numbers...new staff are good and we have good working relationships."
- (Staffing levels) "Yes we have at least a senior and 4 care assistants every day now."
- "There is definitely enough...plenty of us."
- "There is good team work and really good morale."

6.2.2 Management arrangements and governance systems

Since the last inspection there had been no changes to the management arrangements. On call arrangements were in place and made known to the staff group via memos which were also on display with the relevant contact numbers. The statement of purpose was reviewed and found to be compliant with minimum standards and easy to read.

Monthly monitoring visits were conducted by the responsible individual and written reports were made available. We reviewed the reports for May, June and July 2020. Two of these visits were done remotely due to the ongoing pandemic and consisted of a desktop review of records and also included consultation with staff and residents. The third visit was onsite, was unannounced and included feedback from residents, staff and one professional visitor. The reports captured the challenges faced by staff in relation to increased infection prevention and control measures and also how they were working to provide meaningful activities for residents during lockdown to prevent feelings of isolation.

A number of other governance audits were requested prior to the inspection and were reviewed. These included hand hygiene and Infection Prevention and Control (IPC) audits which will be discussed further in section 6.2.3.

Working practices in the home were monitored by the manager through a systematic auditing schedule which was viewed on a yearly planner. This allowed the manager to look at various areas at regular intervals, for example care plans were audited every two months. Action plans were then drawn up and shared with the relevant staff. This governance matrix included regular dates for staff recruitment, training, health and safety, medication management, falls, care records and restrictive practice.

The manager confirmed that there were no ongoing or recent safeguarding concerns in the home. All staff had also completed training in relation to the Mental Capacity Act (NI) 2016 to the required level for their roles. The manager was the identified adult safeguarding champion and also confirmed that all staff had recently completed an update of safeguarding training, which involved a training video and roleplaying scenarios.

All returned relative questionnaires said that they were very satisfied that the home was well led.

Residents told us:

- “She’s done brilliant...pleased everyone stayed safe and done well.”
- “Can’t complain.”

Relatives told us:

- “So far I would not wish for any changes in the management of the home. The manager Sonia is usually there when I visit and we have very informal chats. She keeps me up to date on everything but never makes me feel like it or me is a bother. (My relative) is very fond of her and very at ease with her.”
- “Management and all the staff are very helpful at all times day or night.”
- One relative described an incident whereby they felt the manager was too abrupt when asking another visitor to ensure their mask was on correctly. This concern was passed to the manager for follow up and learning. The relative said – “Normally the manager is great but I felt bad for him.”

Staff told us:

- “I trust our manager with anything.”
- “Brilliant.”
- “Any problems are always dealt with quickly and professionally.”

6.2.3 Infection Prevention and Control (IPC)

As mentioned in section 6.2.2 management's governance of IPC was evidenced in monthly environmental and hand hygiene audits. We reviewed the records from May, June and July 2020 and could see that when areas were identified as requiring attention, an action plan was implemented to address the issues. The hand hygiene audits captured multiple staff from various roles through covert observation. Staff were also tested on hand hygiene knowledge. Staffs' compliance with correct use of personal protective equipment (PPE) was monitored again through covert observation and also stock control.

There was a system in place for the monitoring of staffs' health through daily temperature checks and there was a protocol in place for staff entering and exiting the building. This included strict adherence to the uniform policy which dictated that uniforms could not be worn outside of work. Changing facilities were made available for staff to practice these IPC measures. This monitoring system extended to professional visitors in respect of temperature checks, health check declarations, hand washing/sanitising stations and PPE. We observed that staff wore PPE correctly and they reported having adequate supplies.

At the time of inspection the home was operating a visiting policy in line with the Covid-19 Regional Principles for Visiting in Care Settings in Northern Ireland. This included visiting by appointment only, temperature and health checks, and compliance with hand sanitising and PPE. Ideally visits were held outside if appropriate and an area was set up in the conservatory for socially distanced indoor visiting. All next of kin were informed of the arrangements in writing.

In relation the Covid-19 pandemic and IPC, residents told us:

- "The place is immaculate...I feel safe...we get masks and hand sanitiser and can go to the shops...we are always washing our hands now."
- "I feel safe...I have a shared bedroom and it is very clean."
- "I feel safe...I get a visitor and we go for walks."

Staff told us:

- "I feel 100% safe, we have everything we need, there is enhanced cleaning and everyone knows what they need to do, and it's like second nature now."
- "There is a folder in the office with all the latest guidance stuff and new policies and we all have access to that."
- "We have ample PPE."
- "Temperatures are checked and everyone is brilliant at sticking to the guidance."
- "We work together to keep everyone safe and I feel safe at work. We have loads of PPE and never struggle for anything."
- "As soon as there is a change (in Covid-19 guidance) it's talked about at the start of shift...I don't feel alone."

6.2.4 Quality of life for residents

During the inspection we undertook a virtual walk around the home using video call technology. The main entrance was welcoming with relevant notices neatly displayed. There was an area set up for checking temperatures and completing health declarations before entering the main hall. Hand sanitising and PPE stations were located at strategic locations throughout the home.

Corridors appeared clean, bright and fire exits were seen to be clear of obstruction.

We viewed the communal lounge and found it to be clean, well-lit and homely. The communal shower room/bathroom was clean and free from inappropriate storage. We also viewed a handful of resident bedrooms and could see that they were clean and individualised with residents' photos and personal items.

Residents' views and opinions on the home were sought as evidenced in the records from resident meetings. The records contained attendance lists, topics discussed and actions if required. We could see that in response to the Covid-19 guidance on social distancing, the format of meetings had changed slightly, in that instead of large group meetings taking place, they held multiple smaller meetings from April 2020. Topics covered in the meetings included updates on the pandemic and visiting arrangements.

We also reviewed the nutritional related care records for three residents. Each resident had a nutritional assessment completed monthly. There was evidence of multidisciplinary involvement where required such as dental review, speech and language therapy and dietetics. We could see that speech and language therapy and dietetic recommendations were also copied to the catering team to ensure good communication for meal provision. Residents' weights were monitored monthly.

We could see that expert recommendations were reflected in the care plans, however we did find one speech and language therapy review record from 2015 which used terminology that is now out of date. This was discussed with the manager and as the correct/up to date terminology was used in the resident's current care plan, it was agreed that this old document would be archived immediately. This will be reviewed again at the next inspection.

We looked at the menus for July 2020. There appeared to be a good variety of choice of main meals and snack options. Daily home baked selections are provided for snacks and tea rounds. Residents were offered two choices at each meal time and this included those residents on modified diets. There were also selections of modified snacks such as moist sponge, moulded puddings and pureed fruits. Food was fortified for those residents requiring additional nutrients or calories and staff were up to date with dysphagia training.

In relation to life in Fairways - Duncreggan residents told us:

- "It's a nice place, I love it."
- "They helped me change my diabetes...I got more fruit and went walking and lost weight."
- "We do puzzles, singing and dancing, kick boxing, Nintendo Switch."
- "Food is lovely, wonderful."
- "The food is very good, I'm on a special diet, I get healthy foods."
- "I play the games, it's fun."
- "In my bedroom I have TV and all the games I like...it's kept clean."
- "My bedroom is very well kept."
- "I like to meet with people...I go for walks...it's like a second home."

Relatives said:

- “So far (my relative) has not complained to me about any of the staff treating her wrongly. We have the necessary privacy when I visit and as I have a few medical set backs, my visiting can be erratic. The staff have always told me to come anytime when things are OK with me and always make me feel welcome.”

Staff said:

- “The residents enjoy the food. We ask what they want and it’s easy to get alternatives.”
- “I love my work.”
- (Activities) “We do small groups and they are led by the residents.”
- “The food looks and smells appetising...we monitor resident satisfaction and there is very little wastage.”
- “It’s a brilliant place to work.”
- (Activities) “It works well...in the evening we play games and do puzzles.”

6.2.5 Quality improvement

The manager explained that they are always striving to improve the quality of the service through regular auditing and communicating with relevant stakeholders. The culture and ethos of the home is to put the resident first and to assist residents where needed with dignity and respect in all aspects of daily living.

The manager confirmed that the seasonal flu vaccine programme is usually carried out by district nursing and she planned to contact the trust to secure dates for implementation.

Areas of good practice

Areas of good practice were identified in relation to the provision of staffing, staff training, meal provision and activities. Residents all spoke in positive terms in relation to life in Fairways - Duncreggan and appeared comfortable and relaxed in their surroundings. The social aspects of daily life were very much attended to.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Following review of governance and care records prior to the day of inspection, and a remote inspection via video call, several areas of good practice were identified.

Discussions took place with the manager in relation to ensuring old speech and language documents are taken out of circulation and securing dates for the implementation of the annual seasonal flu vaccine programme. Assurances were given by the manager.

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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