

Inspection Report

24 April 2024



Fairview & Craigdene Residential Care Home

Type of Service: Residential Care Home
**Address: 24a Trench Road, Waterside,
Londonderry, BT47 3UB**
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Charline Care Homes Ltd	Registered Manager: Gail Donnell - not registered
Registered Person: Mr Gordon Graham Wilkinson	
Person in charge at the time of inspection: Gail Donnell	Number of registered places: 26
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: 22
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 26 residents. The home is divided into two buildings: Fairview and Craigdene, located on one site. Both homes can accommodate 13 residents. The homes are a two storied domestic type dwelling with stair lifts in place. Accommodation is provided in single bedrooms. All residents have access to communal spaces and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 April 2024, from 10.00 am to 4.00 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.

The home was bright and welcoming. Residents who attend day care were being supported by staff to get their designated form of transport, this was observed to be a calm and organised experience for residents.

Residents who were present in the home at the time of inspection and able to make their wishes known, told us they enjoyed living in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us they enjoyed working in the home and provided positive feedback about the manager.

It was evident that staff promoted the dignity and well-being of residents. For example; residents were provided choice throughout the day.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Three new areas requiring improvement were identified relating to; the Fire Risk Assessment, Deprivation of Liberty Care plans and safety of the environment.

RQIA were assured that the delivery of care and service provided in Fairview and Craighene was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Fairview and Craighene.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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.

In preparation for this inspection, 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.

Questionnaires 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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

The residents residing in the home told us they enjoyed living here. Residents who were unable to make their wishes known appeared to be comfortable and relaxed in their environment and in their interactions with staff.

Staff told us they enjoyed working in the home. One staff member told us, "I just love the residents, as long as they're happy, we're all happy." Staff provided positive feedback about the manager and said, "she has been great, you can go to the manager about anything and it will get done." Other staff told us there was good teamwork across the home and said, "I love it in here, it is like a family."

No questionnaires were received from residents or relatives within the designated timeframes following the inspection. No staff completed the online staff survey within the designated timeframes following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One of the compliments stated, "I couldn't be more grateful for the love and care given to my relative over the years."

5.0 The inspection

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

Areas for improvement from the last inspections on 4 & 18 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (5) (a) (b) (c) (d) Stated: First time	The registered person shall ensure that the reports of the monthly monitoring visits are available in the home at all times and are readily available to residents, their representatives and RQIA. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 15.2	The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the credit union accounts given a bank account for residents' monies is in operation. The review should include the	

<p>Stated: First time</p>	<p>accounts held for deceased residents and residents who no longer reside at the home.</p> <p>The outcome of the review should be forwarded to RQIA once available</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the current arrangements for appointeeship of residents' benefits. The review should consider all options available for appointeeship and the agreed outcome should be in the best interests of the residents.</p> <p>The outcome of the review should be forwarded to RQIA once available</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p>	<p>The registered person shall undertake a review of ancillary hours' provision (housekeeping and laundry) to ensure these hours are sufficient to meet the needs of residents. This should consider the number of residents, size and layout of the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard N10</p> <p>Stated: First time</p>	<p>The registered person shall provide a time bound action plan for the implementation of a call bell system for each bedroom.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 5</p>	<p>The registered person shall ensure that communal areas are assessed for hazards,</p>	

Ref: Standard 28.3 Stated: First time	to promote safe and healthy working practices relating specifically to: <ul style="list-style-type: none"> • Accident prevention • Infection control 	Partially met
	Action taken as confirmed during the inspection: There was evidence of some improvements to the safe storage of items which had the potential to place residents at risk. However, it was observed that the kitchen and laundry areas were not secured; laundry detergent and other potentially hazardous objects identified in the kitchen area where accessible to residents. A discussion took place with the manager. This area for improvement has been partially met and will be stated for a second time.	
Area for improvement 6 Ref: Standard 27.11 Stated: First time	The registered person shall ensure continence aids and items in the identified areas are stored appropriately. If required, a variation should be submitted to RQIA outlining the change in the use of these areas than that of their original stated purpose.	Met
	Action taken as confirmed during the inspection: There was evidence that 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 system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were generally satisfied with the staffing levels and the level of communication between staff and management. Staff told us, on occasion it can feel busy dependent on the needs of the residents in the home. However, staff work together to support and ensure all the relevant tasks are completed.

There was a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC) to ensure staff who were required to be registered with NISCC had this in place. The system did not always accurately reflect the date staff's registration required renewed. A discussion took place with the manager and it was evident that all staff who were required to be registered with NISCC had this in place. The manager confirmed the date of registration renewal will be included to ensure this system is robust. This will be reviewed at a future inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. A discussion took place with the manager to ensure the duty rota reflects the full name of staff on duty and that this is up to date and accurate. This will be reviewed at a future inspection.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. A discussion took place with the manager regarding training in falls prevention; the manager agreed to implement this training for staff. This will be reviewed during a future inspection.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Due to the size and layout of the home, staff told us there was flexibility for residents regarding their preferred meals. Staff said the residents could choose what they wished to eat and this would be facilitated if possible. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

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. Residents care records were held confidentially.

Care plans for residents with a Deprivation of Liberty Safeguard (DoLS) in place, did not always reflect the care required to ensure the DoLS was being adhered to. A discussion took place with the manager and an area for improvement was identified.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A discussion took place with the manager to ensure care plans are reflective of individual assessments, for example; the level of support required when mobilising on the stairs if risks identified. The manager agreed to action as appropriate, this will be reviewed at a future inspection. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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

Observation of the home's environment evidenced that the home was clean, neat and tidy. Following the inspection, the manager submitted a time bound action plan to detail the planned refurbishments which would take place to the home. This will be reviewed during a future inspection.

Residents bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

There was evidence throughout the home of 'homely' touches such as DVD's and flowers. Walkways were kept clear and free from obstruction.

It was observed throughout a number of identified bedrooms that some pieces of furniture required repair for example; bedroom furniture. This was discussed with the manager for immediate action and an area for improvement was identified.

Staff were responsible for cleaning duties across the home and told us there was enough staff on duty to complete these tasks. Staff told us they were confident in asking for support from night duty colleagues in the event they did not get all of the cleaning tasks completed during day duty.

A Fire Risk Assessment was completed by an accredited fire risk assessor on 2 May 2023. There was no evidence of a planned date for review of the current fire risk assessment. A discussion took place with the manager and an area for improvement was identified. There was evidence of systems in place to monitor staff's attendance at fire training and staff attendance at an annual fire drill.

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 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 kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have birthday parties with family/friends in their room or one of the lounges, could go out to day care, local shops, clubs, or other activities in the community. An activity board was on display in suitable format for residents.

There was evidence of regular resident meetings which residents were encouraged to participate in. This provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed supporting residents to engage in puzzles and watch their television programme of preference on the day of inspection.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Gail Donnell has been the Manager in this home since 15 January 2024 and is currently progressing her application to register as manager.

There was evidence that a robust 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Gail Donnell was identified as the appointed safeguarding champion for the home. A recommendation was made for the manager to develop an adult safeguarding folder to ensure documentation is maintained to evidence referrals regarding adult safeguarding. This will be reviewed at a future inspection.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff spoke positively about the manager in the home and told us she was caring, approachable and responsive to any issues that staff raised. One staff member said, “she is very professional.”

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. There was evidence of these having been notified to RQIA, however there was not always evidence of the trust and individual’s next of kin having been informed. The manager provided assurances she oversees the reporting of notifications and will monitor this to ensure these are notified appropriately. This will be reviewed at a future inspection.

There was a system in place to manage complaints and that complaints were seen as an opportunity for the team to learn and improve.

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 are 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 and the Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	0	7*

* the total number of areas for improvement includes two standards that have been stated for a second time and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Gail Donnell, Manager, 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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1	The registered person shall provide a time bound action plan for the implementation of a call bell system for each bedroom.
Ref: Standard N10	Ref: 5.1
Stated: Second time	

<p>To be completed by: From the date of inspection (4 July 2023)</p>	<p>Response by registered person detailing the actions taken: This will now be completed by 30 November 2024</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28.3</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection (4 July 2023)</p>	<p>The registered person shall ensure that communal areas are assessed for hazards, to promote safe and healthy working practices relating specifically to:</p> <ul style="list-style-type: none"> • Accident prevention • Infection control <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: As previously advised, systems are in place for risk assessment re accidents and infection control including communal areas. We have discussed with the inspector our risk bases approach to access to kitchens and kitchen utensils and will keep this under review. Enhanced training has been devised for all staff re falls prevention. An enhanced falls risk assessment process has been created and is being implemented for all residents.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2023</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the credit union accounts given a bank account for residents' monies is in operation. The review should include the accounts held for deceased residents and residents who no longer reside at the home.</p> <p>The outcome of the review should be forwarded to RQIA once available.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that the Health and Social Care Trust is contacted to request a review of the current arrangements for appointeeship of residents' benefits. The review should consider all options available for appointeeship and the agreed outcome should be in the best interests of the residents.</p>

<p>31 May 2023</p>	<p>The outcome of the review should be forwarded to RQIA once available.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 22 May 2024</p>	<p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is with regards to Deprivation of Liberty Safeguards.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: As previously advised, in our view the existing highly detailed care plan sections re DOLS gave sufficient direction to care staff. They did not include some of the specific information from the DOLS documentation prepared by the Trust because it was inaccurate, despite our having brought that to the attention of the Trust. However at the suggestion of the Inspector specific information from the DOLS documentation is now being included in the care plans, but excluding the inaccurate elements.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection (24 April 2024)</p>	<p>The registered person shall ensure that furniture in the identified rooms are maintained in a safe manner to reduce the risk of harm to residents.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The knobs on the wardrobe and chest of drawers have been replaced. The damaged item of furniture which was in an unoccupied room has been disposed of.</p>

Area for improvement 7 Ref: Standard 29.1 Stated: First time To be completed by: 2 May 2024	The registered person shall ensure that the Fire Risk Assessment is reviewed within the timeframes recommended by the fire risk assessor. Ref: 5.2.3 Response by registered person detailing the actions taken: The FRA was done on 25 June 2024.
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