

Inspection Report

22 February 2023



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: Mrs Sonia Bradley	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: 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 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 23 February 2023 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.

RQIA were assured that the delivery of care and service provided in Fairways – Duncreggan was safe, 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, 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.

4.0 What people told us about the service

Residents spoke positively about the care that they received and said that they felt well cared for. 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. There were no responses received from the staff online survey or questionnaires within the allocated timeframe following the inspection.

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 9 March 2022 by a care inspector; no areas for improvement were identified.

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 patients.

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.

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).

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; the manager confirmed that training compliance was kept under review.

Residents told us that they were satisfied with the delivery of care, attentiveness and support received from staff. Observations confirmed that residents' needs were met by the staff on duty.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

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 resident needs. Care plans included any advice or recommendations made by other healthcare professionals.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the individual's needs. Resident preferences were reflected throughout the records.

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. During the lunchtime meal the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents spoke positively in relation to the quality of the meals provided.

Daily records were kept of how each resident spent their day and the care and support provided by staff. A discussion with the manager confirmed that care records were held confidentially and securely.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and inviting; communal areas were suitably furnished and pleasantly decorated. There was evidence throughout the home of 'homely' touches such as personalised artwork and displays. A sample of bedrooms were reviewed and noted to be personalised with items important to the resident reflecting their individuality.

The home was observed to be clean, tidy and had no malodours. 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 (IPC) measures and the use of Personal Protective Equipment had been provided.

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, for example spending time in their own room but attending the dining room for meals.

It was observed that staff ensured a social atmosphere in communal areas with the television playing. A range of activities was available, for example music and arts and crafts.

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 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.

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

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 a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A sample of reports was reviewed and identified that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA.

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 Mrs Sonia Bradley, Registered Manager.



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