

# Inspection Report

10 January 2023



## Fairholme Supported Housing

Type of service: Domiciliary Care Agency  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Mr Luciano Croskery
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 27 April 2016
<b>Person in charge at the time of inspection:</b> Mr Luciano Croskery	
<b>Brief description of the accommodation/how the service operates:</b>  Fairholme Supported Housing is a domiciliary care agency supported living type located in the Belfast Health and Social Care Trust area. It provides personal care and housing support to 18 service users who are elderly with enduring mental health problems. The service users are supported by 26 staff.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 January 2023 between 9.55 a.m. and 2.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

No areas for improvement were identified.

Good practice was identified in relation to service user involvement, activity programmes and care planning. There were good governance and management arrangements in place.

Fairholme uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report the term 'service user' is used, in keeping with the relevant regulations.

The inspector would like to thank the manager, service users and staff for their support and assistance in the completion of the inspection.

### 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. This included any registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with two service users and two staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

#### Service users' comments:

- "I would talk to staff if I was unhappy. I'm very happy here."
- "I've been here 6 years....I couldn't think of a better place to be in my condition....the food is good...the staff are great."

#### Staff comments:

- "I had a good induction – the training was excellent....the care is safe...I would speak to the manager if a service user told me they had concerns....it is the most organised place I've ever worked."
- "It's a unique place....I feel very well supported."

**HSC Trust representatives' comments sourced post inspection:**

- "I have always found the staff to be very knowledgeable of the service users' needs and able to provide appropriate supports to meet each individual's unique needs.....I also feel that Fairholme provides a warm homely environment, and have always found it to be of a good standard of cleanliness."
- "At a recent formal review with one of my service users, they was more than complimentary of the service, support and more especially the wonderful staff....I would find the staff friendly , approachable and knowledgeable of the services users in their care.....I would observe other services users during my visits and I would have a chat with them, they all seem very settled and look happy."

No responses were received to the survey or questionnaire.

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 or 2021-2022 inspection years, due to the impact of Covid-19.

The last care inspection of the agency was undertaken on 10 February 2020 by a care inspector. No areas for improvement were identified.

**5.2 Inspection findings****5.2.1 What are the systems in place for identifying and addressing risks?**

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC)

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager reported no service users required an oral syringe to administer medicine.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

The environment was observed and appeared clean and clutter free. There was evidence of effective Infection Prevention and Control (IPC) measures in place. These included:

1. Personal Protective Equipment (PPE) was worn by staff throughout the day
2. Supplies of hand sanitiser, liquid soap and antibacterial surface wipes were sited around the facility
3. Contact tracing details were recorded for the inspector.

The inspector also noted that all staff had completed IPC training.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss opinions on their care. Some matters discussed included:

- attendance at a pantomime
- service users' enjoyment of the recently commenced chair yoga programme

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, all staff's Dysphagia training was up to date.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role. The manager was requested to ensure all staff files had a clear record of the start date of their employment at the agency.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory. Some comments noted from service users included;

- “I feel happy.”
- “All lovely staff.”
- “Brilliant; I feel safe.”

and from HSC Trust representatives included:

- ‘Staff are good at communicating and updating me with changes.’
- ‘Staff are helpful and polite.’
- ‘The service users I visit lives have improved immensely. They are able to, with the support of staff, access all aspects of community living.’

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency’s registration certificate was up to date and displayed appropriately

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency’s quality monitoring process.

Where staff are unable to gain access to a service users home, there is a system in place as to what actions staff should take to manage and report such situations in a timely manner.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Luciano Convery, Registered Manager as part of the inspection process and can be found in the main body of the report.





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