

Primary Unannounced Care Inspection

Name of Establishment and ID:	Fairview House (1128)
Date of Inspection:	4 December 2014
Inspector's Name:	John McAuley
Inspection ID:	IN017546

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Establishment:	Fairview House (1128)
Address:	24 Trench Road Waterside Londonderry BT47 3UB
Telephone Number:	02871345501
Email Address:	grahamgwilkinson@gmail.com
Registered Organisation/ Registered Provider:	Charline Care Homes Ltd Mr Graham Wilkinson
Registered Manager:	Mrs Joan Burke
Person in Charge of the Home at the Time of Inspection:	Mrs Joan Burke
Categories of Care:	LD and LD(E)
Number of Registered Places:	13
Number of Residents Accommodated on Day of Inspection:	5 plus 8 residents at day care placements
Scale of Charges (Per Week):	Trust rates
Date and Type of Previous Inspection:	7 April 2014 Unannounced Secondary
Date and Time of Inspection:	4 December 2014 9.30am – 1.00pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	15	None in time for inclusion to this report

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standards 10 on Responding to Residents' Behaviour and 13 Programme of Activities and Events.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not Applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to Become Compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not Compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 – Moving Towards Compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Fairview Residential Care home is situated on the Trench Road on the outskirts of Londonderry. The home is adjacent to its “sister” home, Craigdene Residential Care Home.

The residential home is owned and operated by Mr Graham Wilkinson. The registered manager is Mrs Joan Burke, who has been in this position for over ten years.

Accommodation for residents is provided single rooms over two floors. Access to the first floor is via stairs.

Communal lounges and a dining area are provided in the ground floor area.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of thirteen persons under the following categories of care:

Residential Care

LD – Learning disability

LD (E) – Learning Disability – over 65 years

8.0 Summary of Inspection

This primary unannounced care inspection of Fairview Residential Care Home was undertaken by John McAuley on 4 December 2014 between the hours of 9:30am and 1pm. The Registered Manager Mrs Joan Burke was available during the inspection and for verbal feedback at the conclusion of the inspection.

The two recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these have been addressed within timescale. The detail of the actions taken by the registered manager and registered provider can be viewed in the section following this summary.

Prior to the inspection, the registered provider completed a self-assessment using the criteria outlined in the standards inspected. The comments provided by the registered provider in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

8.2 Standard 10 – Responding to Residents’ Behaviour

The inspector reviewed the arrangements in place for responding to residents’ behaviour. The home has policies and procedures in place in relation to this and restrictive practice. These policies and procedures are subject to on-going review and development with management and staff, which is good practice. Through the inspector’s observations, a review of documentation and discussions with residents and staff restraint is not used in the home. A review of residents’ care records found that these outlined their usual routine, behaviours, means of communication and how staff respond to their assessed needs. Discussions with staff and management confirmed that they had a good knowledge and understanding of individual residents assessed needs and prescribed interventions. Staff were aware of the need to report uncharacteristic behaviour to the relevant persons and ensure same is correctly recorded.

The evidence gathered through the inspection process concluded that the home is overall compliant with this standard.

8.3 Standard 13 – Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events. Through the inspector’s observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed individual needs of residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme also took account of residents’ spiritual needs and facilitated inclusion in community base events. Residents were given opportunities to make suggestions regarding the programme. There was a good range of materials and resources available for the provision of activities and social well-being. The records of such were comprehensively maintained.

The evidence gathered through the inspection process concluded that the home is overall compliant with this standard.

8.4 Stakeholder consultation

During the course of the inspection the inspector met with residents and staff on duty. Questionnaires were also issued to staff to be returned.

In discussions with residents, in accordance with their capabilities, they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 11.0 of the main body of the report.

8.5 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.6 Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible with a homely warm feeling. Residents' bedrooms were nicely personalised and furnished.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements or no recommendations were made as a result of this primary unannounced inspection.

The inspector would like to thank the residents, staff and management for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the requirements and recommendations issued as a result of the previous care inspection on 7 April 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	9.5	<p>There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care services appointments, and referrals are made, if necessary, to the appropriate service.</p> <p>Reference to this is made in that the home should maintain an accessible record for each resident the dates they have attended or been seen by such services.</p>	An accessible record for each resident with dates of when they have been attended to with health care appointments has been put in place.	Compliant
2.	28.5	<p>The registered person ensures that risk assessments are carried out for every area of work in liaison with relevant others. The significant findings of the risk assessments are recorded and action taken to manage identified risks.</p> <p>Reference to this is made in respect of the risk assessment with radiators / hot surfaces. These assessments need to include the date of the assessment and the date of review, and clear reference to the resident's fall risk and capability pertaining to this risk.</p>	The risk assessments pertaining to radiators and hot surfaces have been amended accordingly.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment We have a small and stable staff cohort who are very familiar with our residents. New staff go through an extensive induction programme which ensures that they acquire the necessary knowledge of our residents, through observation and reading care files, including our "Traffic Light" profiles. We have specific policies setting out our approach on : residents rights (summarised as respect, attitude, behaviour, communication, privacy and dignity) ; dealing with challenging behaviour ; restraint etc. The latter provides, inter alia, that restraint interventions are only to be made in circumstances agreed in advance with an HSCT etc.	Compliant
Inspection Findings: The home has guidance and support in place for staff on responding to residents' behaviours, which includes policies, procedures, literature and training. Discussions with staff on duty and management confirmed that they had good knowledge and understanding of individual resident's usual conduct, behaviour and means of communications, and prescribed interventions. Added to this there was found to be a culture of management in the home which was acting on positively promoting how to respond to residents' needs and subsequent outcomes.	Compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Uncharacteristic behaviour is recorded in the daily notes which are completed at the end of each shift and discussed on handover to incoming staff. Monitoring, reporting to the manager and appropriate follow up take place, including liaising with GP's, care managers, family etc as appropriate. In addition to mandatory training specified by RCHR (NI) 2005 all staff receive additional training in such topics as de-escalation and dealing with challenging behaviour, which supplements our policy in this area which covers such topics as recognising patterns ("A, B, C's"), recording and responding.	Compliant
Inspection Findings:	
<p>A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect(s) of same.</p> <p>Discussions with staff and management also evidenced examples of how uncharacteristic behaviours were acted on and how shared learning was gained from this.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed. See above and care files on inspection.	Compliant
Inspection Findings: A review of residents' care records confirmed evidence that the resident and / or their representative were consulted in the plan of care.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment At present, none of our residents have a specific behaviour management programme. If it was felt that one was required it would be developed in conjunction with appropriate input from external professionals such as the Western Trust behavioural therapy team.	Compliant
Inspection Findings: There are no residents in the home who are prescribed a specific behaviour management programme. However evidence found from discussions with management would indicate that if this were to be the case, appropriate consultation and advice would be sought and put in place.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment See reply above. Training would be provided.	Compliant
Inspection Findings: As evidenced from discussions with management, if a behaviour management programme was to be put in place, staff would be provided with the necessary training guidance and support.	Compliant
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed. Significant incidents are recorded in care files and reported as appropriate to external professionals, representatives etc. The same procedure would apply if a behaviour management programme was in place.	Compliant
Inspection Findings: A review of the home's accidents / incidents records from the previous inspection found these to be managed and reported appropriately. Evidence was also in place to confirm that when necessary their resident's care plan was revised accordingly and a review of care was requested with the resident's aligned care manager.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed. Policy on restraint available for inspection.	Compliant
Inspection Findings: General observations throughout this inspection together with discussions with residents and staff confirmed there were no obvious restrictive practices in the home. Staff and management were aware of the governance and human rights pertaining to restraint and restrictive practices. The environment itself gave an appearance of an actual large home, with nice comfortable furnishings and décor which overall added to the removal of an institutional setting, and feeling of restriction.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed. Residents partake of a wide range of activities outside and within the home, some arranged by the home and others by virtue of work / day placements provided by the Western Trust. All such activities are tailored to the needs, abilities and interest of our residents.	Compliant
Inspection Findings: The home has and a policy and procedure on the provision of activities. A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff at the time of this inspection, revealed they were complimentary on such provision and that residents felt comfortable about raising suggestions with staff.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Confirmed. See activity timetable and board.	Compliant
Inspection Findings:	
<p>A review of the programme of activities showed that social activities are organised daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in in community based events. Discussions with residents and staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>The environment itself was suitably furnished to provide a comfortable, relaxed atmosphere whilst promoting social well-being.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed. Residents input is encouraged at all times, and formally through periodic residents meetings, as well as such initiatives as our recent focus on asking residents for suggestions to make their care more person centered.	Compliant
Inspection Findings: A review of the record of activities provided and observation of a resident who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for. The programme was individually based, with evidence of resident consultation in this process.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed. See activities timetable, activities board and posters etc. Much of our communication with residents is also made verbally by staff, given the small scale of the home, the small and stable staff cohort and the disabilities that most residents have.	Compliant
Inspection Findings: The programme of activities was suitably displayed and a number of residents were able to comment and voice excitement about for coming events.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed.	Compliant
Inspection Findings: The majority of residents attend day care placements over a five day period, from one day to up to five days, with evening and weekend activity provision facilitated by staff. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group. The home has also spacious nicely appointed and adapted areas for residents to relax and benefit from, and their bedrooms were nicely personalised and furnished to aid comfort and well-being.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed.	
Inspection Findings: Discussion with staff evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment At present, no activities are provided by an external contractor. Evidence of skills would however be obtained in the event of such being arranged.	Not applicable
Inspection Findings: There are no activities in the home provided by a person contracted in do so. However evidence would indicate that if for example a visiting entertainer were employed staff would facilitate and supervise such a programme.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment At present, no activities are provided by an external contractor.	Not applicable
Inspection Findings: As detailed in 13.7	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment As the inspector will see from the activities timetable, our emphasis is on encouraging residents to remain active throughout their daily lives rather than relying on "led" activities. We feel this suits the small scale, homely nature of the home and the high mobility levels enjoyed by our residents, together with the fact that the vast majority have active programmes of participation outside the home such as Destined, bowling, visits to family, day / work placements etc. If formal "led" group activities are organised within the home then records will be maintained of the person leading such, as well as the names of residents participating, as they are currently for events such as residents meetings.	Compliant
Inspection Findings: A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment Confirmed.	Compliant
Inspection Findings: The programme of activities was found to be under regular review with residents and on a formal basis at care review meetings.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents Consultation

The inspector met with a seven number of residents during this inspection. In accordance with their capabilities, all confirmed / indicated that they were happy with their life in the home and their relationship with staff.

Some of the comments made included statements such as;

- “I am very happy here the staff are all good to me”
- “The meals are very good”
- “It’s a great place, no complains”

No concerns were expressed or indicated.

11.2 Relatives/Representative Consultation

There were no visiting relatives in the home at the time of this inspection.

11.3 Staff Consultation/Questionnaires

The inspector spoke with two members of staff on duty other than the home’s management. Staff spoke positively about their roles, duties, morale, teamwork and provision of care.

No concerns were expressed.

No staff questionnaires were returned in time for inclusion to this report.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting Professionals Consultation

There were no visiting professionals in the home at the time of this inspection.

11.5 Observation of Care Practices

Staff interactions with residents were found to be polite, friendly, warm and supportive. Residents appeared comfortable, content and at ease in their interactions with staff and their environment.

Five residents resided in the home whilst the others were at their respective day care placements. Those residents in the home were found to be cared for in a relaxed caring manner with issues of empowerment, fulfilment and independence promoted.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records and discussion with the registered manager evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.8 Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible with a homely warm feeling.

Residents' bedrooms were nicely personalised and furnished.

The grounds to the home were well maintained and accessible for residents to avail of.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The home's most recent fire safety risk assessment was on July 2014. The registered provider reported that he is a present addressing any recommendations made as a result of this.

A review of fire safety records confirmed that fire safety training for staff, including drills was maintained on an up to date basis, as was a series of fire safety checks in the environment.

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered provider. This confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with the registered manager as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider and registered manager are asked to sign the appropriate page confirming they are assured about the factual accuracy of the contents of the report.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the unannounced primary inspection of **Fairview House** which was undertaken on **4 December 2014** and I agree with the content of the report. Return this QIP to Care.Team@rqia.org.uk.

Please provide any additional comments or observations you may wish to make below:

None

NAME OF REGISTERED MANAGER COMPLETING	Joan Burke
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Graham Wilkinson

Approved by:	Date
John McAuley	22 Jan. 15