



The **Regulation** and
Quality Improvement
Authority

Fairhaven
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**Unannounced Care Inspection
of
Fairhaven**

19 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 19 January 2016 from 10.00 to 16.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

Two requirements were made. One related to the content of care plans and was stated for the first time. One related to the completion of monthly monitoring reports and was stated for the second time. Four recommendations were made which included gathering the views and opinions of residents and representatives on an annual basis and compiling the information within a report, completing an up to date risk assessment for an identified resident and also maintaining a copy of the pre care review report prepared in advance of residents' annual reviews. We stated for a second time a recommendation relating to the homes policy and procedure on the management of challenging behaviour and restraint. This should be reviewed to reflect best practice.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSPSS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

The details of the QIP within this report were discussed with the registered manager, Mrs Elizabeth Sweetlove Orr, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Fairhaven Residential Homes Ltd	Registered Manager: Mrs Elizabeth Sweetlove Orr
Person in charge of the home at the time of inspection: Mrs Elizabeth Sweetlove Orr	Date registered: 1 April 2005
Categories of care: RC-PH, RC-LD, RC-LD(E), RC-MP	Number of registered places: 36

Number of residents accommodated on day of inspection: 36	Weekly tariff at time of inspection: £470 - £680 per week
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3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard had been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/Processes

Prior to inspection the following records were analysed: notifications of accidents and incidents submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with 19 residents individually and others in groups, three care staff and one resident's visitor/representative.

The following records were examined during the inspection: four care records, relevant policies and procedures, staff training records, the home's Statement of Purpose, minutes of residents meetings, accident and incident records, complaints records and the home's Fire Safety Risk Assessment.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 12 November 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.(4)(a) Stated: First time To be completed by: 5 September 2015	<p>The registered manager must have in place a current written Fire Safety Risk Assessment that is revised and actioned when necessary.</p> <hr/> <p>Action taken as confirmed during the inspection: We inspected the home's Fire Safety Risk Assessment and confirmed that this was updated in September 2015.</p>	Met

<p>Requirement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2015 and maintained on an ongoing basis.</p>	<p>The registered provider must undertake monthly monitoring visits ensuring these visits are in keeping with regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that these had been completed but were not available in the home on the day of inspection as they were being viewed by another party. We requested that these should be forwarded to RQIA for inspection no later than 29 January 2016. This information was not forwarded within the identified timescale. This requirement has been stated for a second time in the QIP appended to this report.</p>	<p>Not Met</p>
<p>Previous inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2015</p>	<p>The registered manager should ensure the individual wishes of residents regarding arrangements in the event of their death are sought through a process of consultation. This information should be included in the residents care plan.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>We inspected four care records and could confirm that these contained the individual wishes of residents regarding arrangements in the event of their death.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2015</p>	<p>The registered manager should ensure staff complete fire safety training twice every year.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that staff completed fire safety training twice every year. We inspected the most recent fire safety training records these showed staff completed training in October 2015.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 21.5 Stated: First time	The homes policy and procedure (relating to the management of challenging behaviour and the use of restraint) should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).	
To be completed by: 5 September 2015	Action taken as confirmed during the inspection: We inspected the most up to date version of the home's policy and procedure as provided by the registered manager. Further amendments should be made to this policy. This recommendation has been stated for the second time in the QIP appended to this report.	Not met

5.3 Standard 1- Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

In our discussions with the registered manager and staff they confirmed that individual choices, preferences or issues of concern identified by residents are listened to and readily acted on. Staff demonstrated to us that they were aware of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

In our discussions with residents they confirmed that they were happy with the care provided in the home and were involved in deciding on activities and events at the home.

Is care effective? (Quality of management)

In our discussions with the registered manager and staff they confirmed that residents were consulted on a daily basis in regards to menu choices, activities and any other preferences they may have including, for example, outings and engagement with local community events.

Through discussions with staff and residents and observations of information displayed in the home we found evidence of regular resident committee meetings in the home. We inspected the minutes of residents meetings/discussions. These are held on a three monthly basis.

We inspected the home's Statement of Purpose which outlined the arrangements in place for consultation with residents. The registered manager confirmed there was an open door policy within the home for residents to make suggestions regarding the services available in the home. The home had a policy in place regarding residents' involvement in activities and events.

We requested from the registered manager evidence of formally gathering the views and opinions from residents about the running of the home. The registered manager confirmed this information was not currently available. We made a recommendation that the views and opinions of residents and their representatives should be sought formally at least once a year,

with a report compiled from the information gathered. This report should reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.

During discussions a staff member raised the idea of a suggestion box being introduced for residents and representatives. This information was shared with the registered manager who confirmed this would be followed up.

The registered manager and staff confirmed that residents and their representatives would be informed about any planned inspections to the home and would be encouraged to share their views and experiences with the inspectors.

Is care compassionate? (Quality of care)

In our discussions with the registered manager and staff they confirmed that residents' individual needs and preferences were at the centre of care provision in the home.

From our observations of care practices and interactions between residents and staff we found residents were treated with dignity and respect. Residents appeared comfortable and relaxed; interactions were observed to be warm and friendly.

Areas for improvement

We identified one area for improvement from the standard inspected. This related to formally gathering the views and opinions of residents and representatives and compiling an annual report from this information. A copy of the report should be provided to residents and their representatives.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.4.1. Residents' views

We spoke with 19 residents individually and others in groups. In accordance with their capabilities, all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received from residents included:

- "I like it here, I like playing bingo".
- "I am doing ok, I have all I need".
- "I am happy here, the food is good and I like my bedroom".
- "I love coming here".

5.4.2 Staff views

We spoke with three care staff and the registered manager. Staff confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties.

5.4.3 Relative's representatives' views

We spoke with one resident's visitor / representative who shared with us their experience of visiting the home.

Comments received included:

- "I am very happy with the care he / she receives in the home. Everyone is very good, they keep me informed. We can see a great improvement in him/her since he/she came here."

5.4.4 Safeguarding procedures

In our discussions with the registered manager and three staff members all demonstrated knowledge of the home's safeguarding procedures to be followed in the event of any suspected, alleged or actual abuse. The registered manager and staff members were aware of what to do and who to contact in the event of any suspected, alleged or actual abuse. We inspected the home's policy relating to the protection of vulnerable adults; this contained relevant information including types and indicators of abuse. Up to date contact details for the trust safeguarding team were also available. We inspected staff training records available in the home which confirmed that all staff had completed training in adult safeguarding in June 2015. The registered manager confirmed that residents had also completed training in safeguarding awareness. Information was available in the home to confirm this.

5.4.5 Care plans and risk assessment

We inspected four care plans. We noted the care plan of one identified resident required updating to reflect significant changes in the resident's behaviour/presentation since admission to the home. We discussed with the registered manager the need to ensure that care plans accurately and comprehensively reflect residents' identified needs and outline the plan of care to meet those needs. These should be reviewed on a regular basis. Further to this we noted a second care plan was last reviewed in February 2015. Having met the resident and reviewed the information, we found they required a high level of care provision. Bearing this in mind the care plan ought to be reviewed on a much more regular basis. We therefore made a requirement that the identified residents' care plans should be updated and kept under review.

We also discussed with the registered manager the need to ensure that an accurate and up to date risk assessment was in place for the identified resident who had shown changes in their behaviour/presentation from admission. It was noted that the risk assessment in place related to a previous care placement. We made a recommendation that the risk assessment should be updated without delay.

5.4.6 Care review reports

We requested to see the care review reports completed prior to residents' care reviews from the four care records inspected. The registered manager informed us that the home would complete a care review report template provided by the trust care management team and return this to the care manager. We made a recommendation that the home should retain a copy of the pre care review report prepared by the home for the trust care managers as this information was not available when requested.

5.4.7 General environment

We found the home was clean and tidy with no malodours present. The décor and furnishings, although dated, were fit for purpose.

5.4.8 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed and reported.

5.4.9 Compliments and complaints

We reviewed records of compliments and complaints maintained in the home. There had been no new complaints since the previous inspection.

5.4.10 Fire safety

We inspected the home's Fire Safety Risk Assessment, staff fire safety training and equipment checks. These were maintained on an up to date basis.

Areas for improvement

We identified three areas for improvement from the additional areas examined. A requirement was made relating to the updating of two care plans. Two recommendations were made which related to updating a risk assessment retaining a copy of the pre care review report provided to the trust care management team.

Number of requirements:	1	Number of recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Elizabeth Sweetlove Orr as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 16.2 Stated: First time To be completed by: 19 February 2016	<p>The registered manager must ensure that the identified care plans are updated to accurately and comprehensively detail the care needs of the residents; these should be kept under review.</p> <p>Response by Registered Person(s) detailing the actions taken: care plans have been reviewed and updated and agreed with caremanager</p>
Requirement 2 Ref: Regulation 29 Stated: Second time To be completed by: 19 March 2016	<p>The registered provider must undertake monthly monitoring visits ensuring these visits are in keeping with regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Response by Registered Person(s) detailing the actions taken: this has been completed as regulation</p>
Recommendations	
Recommendation 1 Ref: Standard 1.6, 1.7 Stated: First time To be completed by: 19 March 2016	<p>The registered manager should ensure that the views and opinions of residents and their representatives are sought formally at least once a year, with a report compiled from the information gathered. This report should reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.</p> <p>Response by Registered Person(s) detailing the actions taken: residents have there feedback at all reviews also family or residents representative comments box has been put in main hall to enhance the feedback that is on going</p>
Recommendation 2 Ref: Standard 6.2 Stated: First time To be completed by: 19 February 2016	<p>The registered manager should ensure that an accurate and up to date risk assessment is in place for the identified resident who has shown changes in their behaviour/presentation since admission to the home.</p> <p>Response by Registered Person(s) detailing the actions taken: risk assesment has been updated in joint with caremanager on going for any changes and kept under review</p>

Recommendation 3 Ref: Standard 11.3 Stated: First time To be completed by: 19 March 2016	The registered manager should ensure that the home retains a copy of the pre care review report prepared for care reviews.		
Recommendation 4 Ref: Standard 21.5 Stated: Second time To be completed by: 19 March 2016	Response by Registered Person(s) detailing the actions taken: copies of reviews were recieved back after several reminders to caremanager this have been filed in careplans the home has no control over time scale as the reviews were carried out as recorded and seen on the day of the inspection		
Registered Manager completing QIP	elizabeth s orr	Date completed	16/03/16
Registered Person approving QIP	elizabeth s orr	Date approved	17/03/16
RQIA Inspector assessing response	Bronagh Duggan	Date approved	22/3/16

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