



The Regulation and
Quality Improvement
Authority

Fairhaven Residential Home
RQIA ID: 1602
58 North Road
Belfast
BT5 5NH

Inspector: Bronagh Duggan and
Patricia Galbriath

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Inspection ID: IN022946

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**Unannounced Care Inspection
of
Fairhaven**

2 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 2 June 2015 from 06.30 to 12.30. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, and The DHSSPS 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	3	2

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

2. Service Details

Registered Organisation/Registered Person: Mr James Mc Elroy	Registered Manager: Mrs Elizabeth Orr
Person in Charge of the Home at the Time of Inspection: Mrs Elizabeth Orr	Date Manager Registered: 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

3. Inspection Focus

The inspection was in response to whistleblowing information received by the Belfast Health and Social Care Trust (BHSCT). Information passed to the BHSCT stated that residents were being subject to early morning wakening's on a regular basis. Concerns were also raised regarding infection control procedures in the home.

4. Methods/Process

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

Prior to inspection we analysed the following records: Notifications of accidents and incident records and the returned Quality Improvement Plan from the previous inspection.

During the inspection we met with 14 residents, one care staff, two visiting professionals and one resident's visitor/representative.

We inspected the following:

- Eight Care Records.
- Staff Duty Roster.
- Policy and Procedure regarding Infection Control.
- Minutes of resident meetings.
- Staff Training Records.

5. The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 11 March 2015. This inspection was undertaken as a result of information being received at the RQIA from a member of the public regarding potential safeguarding issues. This information was shared with the Belfast Health and Social Care Trust under partnership working in respect of Safeguarding of Vulnerable Adults.

Two requirements were made following the inspection on 11 March 2015. Further to this one requirement and three recommendations carried forward from the unannounced care inspection on 20 November 2014 were also inspected.

5.2 Review of requirements and recommendations from the last two care inspection's

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14. (6)	<p>On any occasion on which a resident is subject to restraint, the registered person shall record on the residents care plan the circumstances and nature of the restraint.</p> <p>Reference to this is made regarding the use of the buzzer mat for the identified resident. This should be reviewed taking into consideration the assessed needs and preferences of the resident, if the resident is assessed as requiring the use of the buzzer mat this should be stipulated in their care plan and reviewed regularly.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>We inspected the care records for the identified resident. These included relevant information regarding the use of buzzer mat.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 27.2 (t)</p>	<p>A risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made to the fact that water temperatures tested in the home were found to be higher than the recommended maximum levels. A requirement is made that the temperature of all hot water outlets in the home are maintained in line with recommended levels.</p> <p>Action taken as confirmed during the inspection:</p> <p>Records showing the recorded water temperatures were received by RQIA in March 2015. These were forwarded to the estates inspector. The information provided showed water temperatures were being maintained within recommended levels.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 13.(1)(a)</p>	<p>The registered person shall ensure that the residential care home is conducted so as – to promote and make proper provision for the health and welfare of residents.</p> <p>Reference to this is made to ensure the home has a procedure in place to follow should any resident sustain a head injury including seeking medical advice. This should be in keeping with good practice guidance regarding the management of head injuries.</p> <p>Action taken as confirmed during the inspection:</p> <p>We inspected the home's updated procedure for the management of head injuries. This referenced the need to seek medical advice and was in keeping with good practice guidance.</p>	<p>Met</p>

6. Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	The homes policy and procedure should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and should also reflect that RQIA must be notified on each occasion restraint is used.	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>A copy of the home's updated policy and procedure was forwarded to RQIA. This had been amended to reflect the need to notify RQIA on each occasion restraint is used. This policy and procedure should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005)</p> <p>This recommendation has been restated in the QIP.</p>	
Recommendation 2 Ref: Standard 13.4	The daily programme of activities should be displayed in a visual format in a central location of the home to complement the use of the audio system.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We observed the programme of activities on display in a central part of the home.</p>	
Recommendation 3 Ref: Standard 25.8	Staff meetings should be held on a regular basis and at least quarterly.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We inspected records available in the home; these showed staff meetings were being held on a regular basis.</p>	

5.2 Inspection Findings

This secondary unannounced care inspection of the home was undertaken by Bronagh Duggan and Patricia Galbriath on 2 June 2015 between the hours of 06:30 and 12.30. Mrs Louise Miliken Orr deputy manager was in charge upon our arrival at the home. Mrs Elizabeth Orr, registered manager was available later during the inspection and for verbal feedback at the conclusion of the inspection.

Rising and Retiring Times

Upon arrival at the home at 06:30 we spoke with the deputy manager, and inspected the home and met with residents who were up, washed and dressed for the day.

We spoke with 14 residents who were up on, or, shortly after arrival. In our discussions residents confirmed this was their usual getting up time. Through discussions with the residents they confirmed that they liked to rise early. Residents told us that they got up when they liked, and that they would usually have a cup of tea around 07:00. We inspected the care records of eight residents who were up upon our arrival. It was noted that three of these records reflected residents preferred rising and retiring times. Two of these records contained information which showed that the identified residents were very early risers in that they would often get up from around 05:00 onwards.

The need to ensure care plans accurately reflect the care and preferences of residents relating to rising and retiring times was discussed with the registered manager. A requirement was made that all residents care plans should clearly show individual preferences in relation to rising and retiring times and be person centred at all times.

Infection Control

The home had a policy and procedure in place regarding control of infection. We inspected staff training records which showed staff had completed training entitled Infection Prevention and Control in November 2014. We spoke with one staff member who had responsibility for the implementation of infection prevention within the home. Following observations made during the inspection a recommendation was made that a clearly defined system is introduced to ensure separate cleaning materials including mops, gloves and cloths are used for cleaning bathrooms, the kitchen and general areas of the home.

Further to this a recommendation was made that adequate supplies of gloves and aprons are made readily available on all floors, these were observed on the ground floor level of the home only.

Daily Progress Notes

We inspected a range of daily progress notes. We noted that these often lacked detail in relation to specifying care delivered to residents.

We made a requirement that the detail of daily progress notes should be improved upon to ensure these reflect all care and services provided to residents including a record of the resident's condition and any treatment or intervention provided.

Duty Roster

We inspected the duty roster. It was noted that the names of agency staff employed to work at the home were not included on the roster. The need to ensure an accurate record is available to identify persons working in the home was discussed with the registered manager. This was deemed to be of particular importance considering the number of agency staff being employed. One requirement was made in this regard.

Findings from whistleblowing information

In relation to the whistleblowing information received by BHSCT, we spoke with 14 residents who were up early. All residents confirmed they got up when they chose to. This part of the allegation was not substantiated. However a requirement has been made that all care plans should clearly reflect residents preferred rising and retiring times. In relation to infection control procedures in the home, two recommendations have been made regarding the use of cleaning materials and the availability of personal protective equipment including aprons and gloves in all areas of the home.

Number of Requirements:	3	Number of Recommendations:	2
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5.3 Additional Areas Examined

5.3.1 Needs Assessment

We observed one identified resident who required a high level of support. We discussed this with the registered manager who confirmed that the resident's most recent care review had taken place in May 2015 by the Mental Health Team in BHSCT. Records available in the home confirmed this. We suggested to the registered manager that a nursing assessment should be carried out on the basis of the residents observed condition. Prior to the conclusion of the inspection the registered manager confirmed to us that a referral had been made for the identified resident to have a nursing assessment completed.

5.3.2 Visiting Relative/ Representative

We met with one visiting relative/representative who shared their experience of visiting the home. Comments received included:

"I can't speak highly enough of the care and support delivered to (my relative) here. We can't believe how well he/she is doing since moving here".

5.3.3 Visiting Professionals Views

We spoke with two visiting professionals who shared their experiences of visiting the home. Both professionals confirmed that they found staff in the home attentive to residents needs and would keep them informed of any changes in the resident's conditions.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Elizabeth Orr, registered manager, 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.

6.2 Statutory Requirements

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

6.3 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.

6.4 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.(1) Stated: First time To be Completed by: 14 July 2015	<p>The registered manager must ensure that all care plans clearly reflect the preferred rising and retiring times of residents and be person centred at all times.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Residents were issued with a questionnaire to complete and return to staff for care plans to be updated, this is on-going.</p>
Requirement 2 Ref: Regulation 19.(1) (a) Schedule 3, 3(k) Stated: First time To be Completed by: From the date of the inspection and ongoing.	<p>The registered manager must ensure that the detail of daily progress notes is improved upon to ensure these reflect all care and services provided to residents including a record of the resident's condition and any treatment or intervention provided.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Memo to all staff in relation to information to be provided while completing care plans fully.</p>
Requirement 3 Ref: Regulation 19 (2) Schedule 4, 7 Stated: First time To be Completed by: From the date of the inspection and ongoing.	<p>The registered manager must ensure the duty roster accurately reflects the names of the persons working in the home.</p> <p>Reference to this is made in that agency staff members' names were not indicated on the duty roster.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Off duty is updated on completion of shift being filled by agency, office off duty updated at the end of the duty week.</p>
Recommendations	
Recommendation 1 Ref: Standard 35.1 Stated: First time To be Completed by: 14 July 2015	<p>The registered manager should ensure that a clearly defined system is introduced to ensure separate cleaning materials are used for cleaning the bathroom, kitchen and general areas of the home.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: All cleaning products are clearly marked for their sole purpose use, both in kitchen and cleaning cupboards. Cloths are clearly colour coded as are mops, buckets etc. Written instructions as per use are in detail on the wall. Coshh data is held in file on shelf in cleaning cupboard also.</p>

Recommendations			
Recommendation 2 Ref: Standard 28.7 Stated: First time To be Completed by: From the date of the inspection and ongoing.	The registered manager should ensure that adequate supplies of gloves and aprons are made readily available on all floors within the home.		
	Response by Registered Person(s) Detailing the Actions Taken: As discussed during inspection, 3 glove and apron stations located on ground floor, again colour coded for their use. New equipment ordered to add apron and glove stations on upper floors.		
Recommendations			
Recommendation 3 Ref: Standard 10.1 Stated: Second time To be Completed by: 25 August 2015	The homes policy and procedure should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).		
	Response by Registered Person(s) Detailing the Actions Taken: Policy and procedure currently under review.		
Registered Manager Completing QIP	Elizabeth Orr	Date Completed	27/7/15
Registered Person Approving QIP	James McElroy	Date Approved	3/8/15
RQIA Inspector Assessing Response	Bronagh Duggan	Date Approved	14/8/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address