

# Unannounced Care Inspection Report

## 6 June 2017



## Fairhaven

**Type of Service: Residential Care Home**  
**Address: 58 North Road, Belfast, BT5 5NH**  
**Tel no: 028 9065 0304**  
**Inspector: Bronagh Duggan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 36 beds. The main home provides accommodation for 30 residents. Two bungalows are on the same site and provide accommodation for a total of six residents. The residential care home provides care for people with physical and learning disabilities and mental health issues.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Fairhaven Residential Homes Ltd	<b>Registered manager:</b> Mrs Elizabeth Sweetlove Orr
<b>Person in charge of the home at the time of inspection:</b> Mrs Elizabeth Sweetlove Orr	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 36

### 4.0 Inspection summary

An unannounced care inspection took place on 6 June 2017 from 16.45 to 23.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to recruitment practices, staff training and liaison with other professionals.

One area for improvement was identified in relation to ensuring the identified carpet was secured appropriately.

Residents said they liked living in the home, were happy with the food provided and got on well with staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Elizabeth Sweetlove Orr, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 February 2017.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with 19 residents, four staff and the registered manager.

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Twenty two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- One staff recruitment file
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 17 February 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 2 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15.(2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 April 2017	The registered provider must ensure the completion of an up to date needs assessment for the identified resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A needs assessment had been completed for the identified resident.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20.(2)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 April 2017	The registered provider must ensure all staff in the home are appropriately supervised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered a manager and records available in the home confirmed the arrangements to ensure supervision of staff.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 1 May 2017	The registered provider should ensure the introduction of an auditing system to monitor the completion and regular review of care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records showed care records were being reviewed regularly.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22.3  <b>Stated:</b> First time  <b>To be completed by:</b> 1 March 2017	The registered provider should ensure the availability of the monthly monitoring reports in the home at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports were available in the home for inspection.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 April 2017	The registered provider should ensure a policy and procedure is developed regarding the provision of supervision and appraisal for staff in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A policy and procedure regarding the provision of supervision and appraisal was developed and available for inspection.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 24.3  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 April 2017	The registered provider should ensure that a schedule for annual appraisals and staff supervision is developed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A schedule was in place for appraisal and staff supervision.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the previous inspection and were found to be satisfactory.

Discussion with the registered manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of safeguarding procedures. A copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety, etc.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The registered manager outlined the staff duties for completion during the night shift. Improvements were noted to have been made in the home to shower room areas.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was noted that carpet had come loose outside an identified bedroom door causing a potential trip hazard; this was discussed with the registered manager. This should be improved to ensure compliance with the standards. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated September 2016 and no recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in May 2017 records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Twenty two completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.



Comments received in completed questionnaires included:

- “I am a cleaner but have all my training in care.”
- “All mandatory training is carried out by mandatory trainers.”
- “Everything is all good.”
- “The staff are good they know their job.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, infection prevention and control.

### Areas for improvement

One area for improvement was identified to ensure the carpet was secured appropriately.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Records were reviewed and updated as changes occur. The registered manager confirmed care plans were reviewed every three months or more frequently if changes occur, and records available confirmed this.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice for example residents are encouraged to attend local day centres and maintain links with local churches.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' committee

meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident committee meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Twenty two completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received in completed questionnaires were as follows:

- "Grand."
- "The care is excellent. Very high standard."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders and maintaining community links.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. The registered manager confirmed staff were encouraged to wear name badges and introduce themselves when speaking to residents who may have difficulty understanding or recognising staff.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care were met within the home. Care plans

included resident's wishes for the end of life. The registered manager confirmed ministers would visit the home, and residents are encouraged to maintain links with local church groups.

Residents were provided with information in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example residents make choices daily about meals. Information was also displayed throughout the home regarding how to make a complaint and how to raise concerns. This information was displayed in a user friendly format.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff spoken with, and residents confirmed their choice of when they go to bed and when they get up. During the inspection some residents were observed relaxing in the living room area at 22.30 whilst others had retired to bed, others retired to their rooms to watch TV. Staff confirmed their awareness of promoting residents' rights, independence and dignity, and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example through the residents' committee meetings, a suggestion box and annual reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read on a notice board situated in a central part of the home. The registered manager confirmed the survey for 2017 was due to be completed. This will be followed up at a future inspection. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents are encouraged to participate in craft sessions, a sewing group, play bowls, pool, and go out to local shops. Arrangements were in place for residents to maintain links with their friends, families and wider community for example residents attended local day centres, and are involved in social events in the local area, which included a street barbecue.

Twenty two completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Residents spoken with during the inspection made the following comments:

- "I like it here alright."

- “I love it here, I like all the staff especially Lily if you are worried or anything you just have to say.”
- “I like going to Connswater. I go to bed whenever I feel like it.”
- “Staff always help you out, the food is very good. I like here very much (staff) take an interest.”
- “It is very very good, we had salad this afternoon which I like.”

Comments received from completed questionnaires were:

- “Staff treat residents very well and to a high standard.”
- “Every resident is part of Fairhaven’s family and are shown respect and thoughtfulness in every way.”
- “I am on the committee in the home, I speak for other residents.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing residents and taking account of the views of residents, and also by encouraging residents to be actively involved in their local community.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA. Records available in the home showed the registered manager would complete regular unannounced visits to the home outside of regular working hours.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information situated in the reception area of the home. A user friendly version was also displayed. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Records maintained in the home and discussions with the registered manager confirmed that staff were reminded of the importance of maintaining professional standards, and copies of NISCC code of professional conduct were made available for all staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and they will offer support to staff.

Discussions with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Twenty two completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "Mrs Orr is very hands on with the residents and staff."
- "The home manager is strict with staff to ensure good care."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to raising awareness of professional standards, management of incidents, and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 20 June 2017	The registered person shall ensure the carpet is secured appropriately outside the identified bedroom.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> the carpet identified has been secured at present the home is changing carpets as part of an ongoing program.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**





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